

ADAMH Board of Franklin County 2019 Performance Plan



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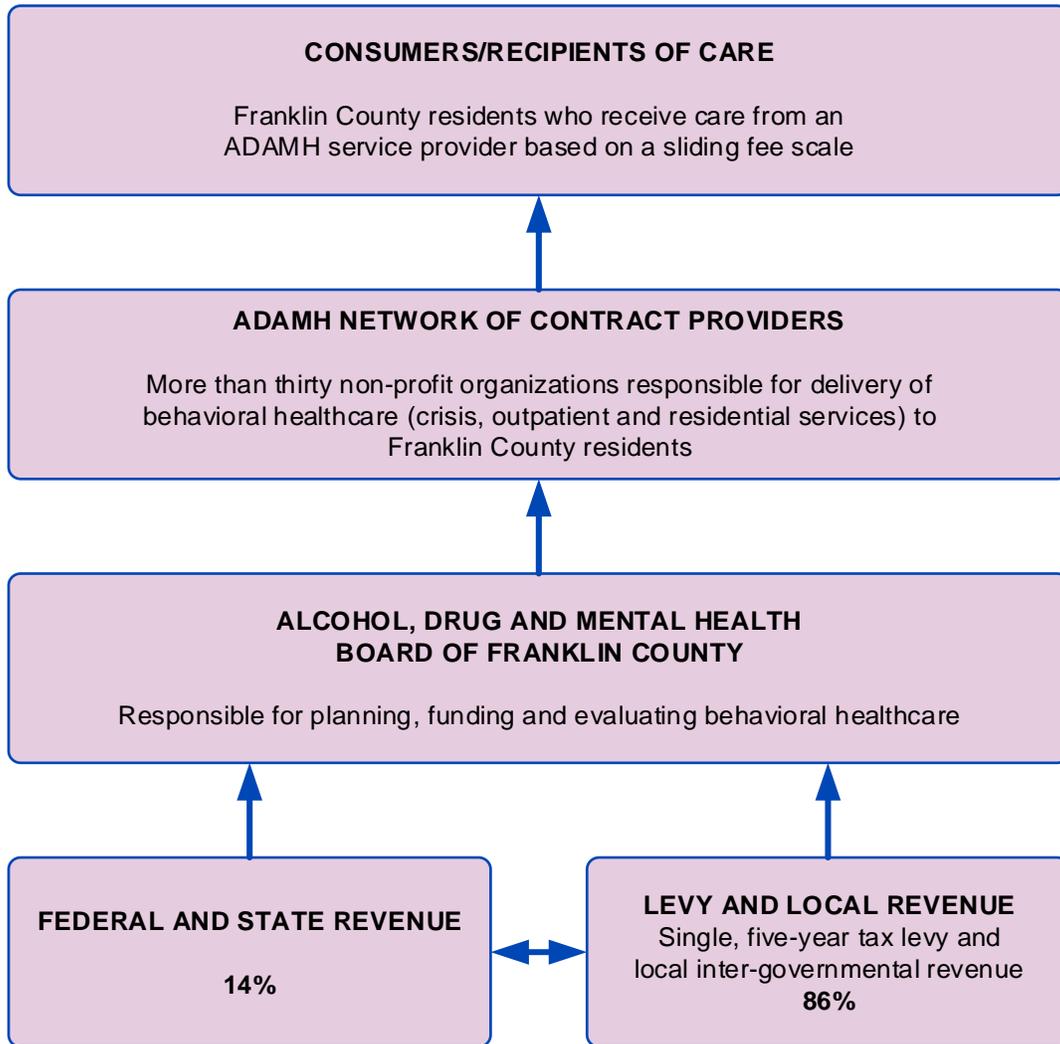
INTRODUCTION

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: Provider Allocations as of 03/06/2019

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 newly announced limitations or possible 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.^[i] 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 10.1% in 2017 and households with limited English proficiency comprise 3% of all households in the county.^[ii] 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 33.7% in 2017. In addition, individuals in “deep” poverty (individuals at <50% FPL) remains at 7.8% in 2017 and also has remained nearly steady for the past several

years.^[iii] 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 9.0% in 2017.^[iv] 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 need 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 than the rest of the county.^[v] 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 2018, 45% of adults surveyed were inadequately insured; they found some improvement with insurance gaps, but worse issues with high out-of-pocket costs and deductibles.^[vi] 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 639,000 individuals statewide (as of June 2018),^[vii] that success may not be permanent. New policy or administrative options 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 cost-sharing provisions (such as premiums or co-payments tied to continuing eligibility) remains a primary concern. Indeed, on March 15, 2019, in response to a request from the state, the federal government approved a new waiver focused on work requirements, which could result in individuals being disenrolled for non-compliance. ADAMH continues to monitor the continuing developments surrounding Medicaid and 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><i>Diversion from High Acuity Care</i> 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><i>Value-Based Payment Strategies</i> 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><i>Payment for Quality Prevention Practices</i> 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><i>Payment for Quality Care</i> 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>Family Support Services Investments By January 1, 2018, ADAMH will create new investments for family support services, including respite care. – COMPLETED</p>	<p>Increased utilization of family support services is important as research indicates supportive families result in improved recovery outcomes for consumers.</p>
<p>Access to Family Support Services 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>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.</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>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. – COMPLETED</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>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. – COMPLETED</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>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 use disorders. – COMPLETED</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>Reduction in Fatal Overdoses 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>AoD Risk Awareness 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>Community Partnerships 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>Community Support 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>Decreased Crisis Service Utilization 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>School Discipline 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>Suicide Prevention 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><i>Discharges to Homelessness</i> By January 1, 2019, a 50% reduction in discharges to homelessness from acute care settings. – COMPLETED</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><i>Criminal Justice System Referrals</i> 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><i>Housing Stability</i> 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><i>Training for First Responders</i> 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>

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.

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	20% decrease in the number of adults who meet the criteria of a frequent utilizer of Netcare services.
Healthy Families	100% increase in the number of individuals who access family support services.
Housing Services	90% of individuals who access transitional housing will experience a positive discharge within 180 days of admission.
Prevention Services	80% of youth and emerging adults, including those currently using substances, will report all substance categories pose a great risk to those using them following participation in ADAMH-funded AoD prevention programs.
Treatment and Supports	80% of consumers receiving treatment or recovery support services for a substance use disorder will report reductions in use following services.

KEY RESULTS FOR PERFORMANCE ACCOUNTABILITY PROGRAMS

Program	Key Result
Performance Monitoring	100% of corrective actions identified regarding identified provider performance issues associated with operational results will be completed within prescribed timeframes.
Project Management	100% of the success criteria included in a project charter will be met.

KEY RESULTS FOR SUPPORT SERVICES PROGRAMS

Program	Key Result
Administrative Supports	100% of staff will complete each health and safety drill or actual event in less than two and a half minutes.
Consumer Rights and Advocacy	100% of consumer complaints or grievances will be resolved within prescribed timelines.
Finance and Business Operations	The 2019 final cash balance will be within 5% of the target ending cash balance established by the base 2019 financial model.
Public Affairs	45% increase in the number Franklin County residents 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:

- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Kythryn Carr Harris, Vice President, Clinical Services
- Keith McCloud, Residential Placement Manager
- Mitzi Moody, Clinical Manager, Youth and Families
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Vice President, Planning & Evaluation
- Sandra Thompson, Executive Assistant
- Jonathan Wyly, CFO
- *Clinical Manager, Substance Use Disorder Treatment Services*

OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Crisis Service Utilization (Adults)	20% decrease in the number of adults who meet the criteria of a frequent utilizer of Netcare services.	The reduction in frequent use of crisis services (4 or more times in a month, 12 or more times in a rolling 12 month period) reflects a more effective use of ADAMH resources and better outcomes for our consumers. This data also provides the board with guiding information as we plan the new Franklin County Crisis Center.	Access to Quality Care Services: Diversion from High Acuity Care
MASC Completion	70% increase in the number of people who successfully complete detox or residential services at the MASC.	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.	Innovation to Emerging Needs: Reduction in Fatal Overdoses
RREACT Service Linkage	65% of individuals who have an initial contact with the Southeast mobile opiate crisis team (RREACT) will be linked to at least one follow up service within 30 days.	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.	Access to Quality Care Services: Diversion from High Acuity Care

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
- Nettie Ferguson, Community Prevention Manager
- Kythryn Carr Harris, Vice President, Clinical Services
- Jennifer Martinez, Director, Clinical Services
- Keith McCloud, Residential Placement Manager
- Mitzi Moody, Clinical Manager, Youth and Families
- Aimee Shadwick, Director, Public Affairs
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Senior Director, Planning & Evaluation
- Sandra Thompson, Executive Assistant
- Jonathan Wyly, CFO
- *Clinical Manager, Substance Use Disorder Treatment Services*

OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Family Support Services Access	100% increase in the number of individuals who access family support services.	Increasing utilization of family support services will help reduce caregiver strain and improve the social support and well-being of the caregiver, which in turn will improve the family functioning and outcomes of the individual living with a behavioral health diagnosis and their recovery.	Healthy Families: Access to Family Support Services
Family Social Connectedness	80% of family members and caregivers who participate in identified family support services will report favorable levels of social connectedness.	Increased connections allows families/ caregivers to act as a resource to their own members, to other families/caregivers, to programs, and to communities resulting in greater positive outcomes and reduced strain of those providing care for families and individuals living with a behavioral health disorder.	Healthy Families: Quality Family Supports
Reduction in Perceived Stress	80% of caregivers and family members will report a reduction in stress following respite intervention.	Qualified supports allow caregivers to manage other life roles and needs reducing overall stress which improve family functioning and individual outcomes for those living with behavioral health diagnoses.	Healthy Families: Access to Family Support Services

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:

- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Kythryn Carr Harris, Vice President, Clinical Services
- Keith McCloud, Residential Placement Manager
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Vice President, Planning & Evaluation
- Sandra Thompson, Executive Assistant
- Jonathan Wyly, CFO
- *Clinical Manager, Substance Use Disorder Treatment Services*

OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Transitional Housing Utilization	90% of individuals who access transitional housing will experience a positive discharge within 180 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: Housing Stability

Result Title	Result Statement	Why This Matters	Priority Alignment
CHN Housing Facilitation	80% of ADAMH consumers who acquire housing through Community Housing Network will be placed in the appropriate level of care.	It is vital for consumers who are exiting acute care setting and are eligible for Community Housing Network (CHN) housing to be placed in an appropriate level of care housing unit in order for the consumer to maintain their mental health and stay on a course of recovery.	Safety, Security, and Stability: Housing Stability
CHN Housing Stability	80% of ADAMH consumers residing in CHN's housing will retain housing for 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
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 at Netcare CSU, Miles House, the state hospital, and OSU.	Safety, Security, and Stability: Discharges to Homelessness

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:

- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Kythryn Carr Harris, Vice President, Clinical Services
- John Logan, Financial Analyst
- Rob Lonardo, Data Solutions Manager
- Mitzi Moody, Clinical Manager, Youth and Families
- Erika Oshiro, Reporting Specialist
- Prajakta Samant, Systems Analyst II
- Aimee Shadwick, Director, Public Affairs
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Vice President, Planning & Evaluation
- Darlene Truss, Executive Assistant – Community Engagement and Human Resources
- Jonathan Wyllly, CFO
- *Clinical Manager, Substance Use Disorder Treatment Services*

OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
AoD Risk Awareness (Youth/Emerging Adults)	80% of youth and emerging adults, including those currently using substances, will report all substance categories pose a great risk to those using them following participation in ADAMH-funded AoD prevention programs.	Increased awareness of the risks of drugs and alcohol by transitional-age youth will decrease the likelihood of high risk alcohol use and abuse and deter or delay the initiation into drug use and abuse.	Prevention and Community Engagement: AoD Risk Awareness
30-Day Use (Youth/Emerging Adults)	100% of youth and emerging adults receiving ADAMH-funded AoD prevention programs will report no illegal substance use within the last 30 days.	ADAMH's substance use prevention school investments are intended to reduce risk factors and increase protective factors among youth. Decreasing 30 day use should impact the number of individuals who are experimenting with drugs and the likelihood for later addiction.	Prevention and Community Engagement: AoD Risk Awareness
Crisis Response (Suicide)	100% of youth who participate in ADAMH-funded Signs of Suicide programming and are identified as a high risk on a suicide/depression screening tool will have their parents notified, be offered a risk assessment, and be linked with crisis services as needed.	The number of youth in crisis in Franklin County continues to grow. Early identification and screening can help link children and families with services before it escalates into a need for a higher level of care.	Prevention and Community Engagement: Decreased Crisis Service Utilization & Suicide Prevention
Prevention Credentials	90% of providers will assure new hires and prevention staff complete twenty hours of prevention-specific training to ensure the delivery of quality prevention services.	Increasing the number of providers who have credentialed prevention staff improves the adherence to SAMHSA's strategic prevention framework to enhance the quality of school based services.	Access to Quality Care Services: Payment for Quality Prevention Practices

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
- *Clinical Manager, Substance Use Disorder Treatment Services*

RESPONSIBLE STAFF:

- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Nettie Ferguson, Community Prevention Manager
- Kythryn Carr Harris, Vice President, Clinical Services
- Robert Lonardo, Data Solutions Manager
- Jennifer Martinez, Director, Clinical Services
- Keith McCloud, Residential Placement Manager
- Erika Oshiro, Reporting Specialist
- Prajakta Samant, Systems Analyst II
- Aimee Shadwick, Director, Public Affairs
- Dr. Delaney Smith, System Chief Clinical Officer

- Jonathan Thomas, Vice President, Planning & Evaluation
- Sandra Thompson, Executive Assistant
- Jonathan Wylly, CFO
- Irina Yakhnitskiy, Clinical Manager, Adults/Generalist

OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Reduction in Substance Use	80% of consumers receiving treatment or recovery support services for a substance use disorder will report reductions in use following services.	The impact and effectiveness of treatment and support services for consumers with substance use disorders is critical to assuring quality care across our system of care.	Access to Quality Care Services: Value-Based Payment Strategies
Addicted Pregnant Women Service Linkage	95% of the women who self-identify as being pregnant and substance using will engage in treatment.	Addicted pregnant women are a priority population. ADAMH has selected CompDrug to support a centralized number to link pregnant women to SUD treatment services.	Innovation to Emerging Needs: Reduction in Fatal Overdoses
Criminal Justice Referrals	50% increase in the number of individuals referred by the criminal justice system (Franklin County Jail) to behavioral health services (Southeast Jail In Reach Team)	This work will increase the number of individuals referred for assessment/treatment by the criminal justice system of those who may not otherwise receive needed treatment. Assessment and linkage to effective and efficient services will reduce recidivism rates and length of incarceration.	Safety, Security, and Stability: Criminal Justice System Referrals
Early Childhood Mental Health	85% of young children will have enhanced protective factors central to social emotional health and resilience after receiving early childhood mental health services.	This result will monitor services to our youngest consumers (preschool 0-6) to ensure that they are demonstrating positive social emotional development and resilience.	Prevention and Community Engagement: School Discipline

Result Title	Result Statement	Why This Matters	Priority Alignment
FCCS Linkage	75% of parents and caregivers referred by Franklin County Children Services due to a suspected substance use disorder will receive an assessment.	As a result of the opiate epidemic, Franklin County Children Services has seen a dramatic increase in cases related to opiates. This result will examine the linkage between FCCS, the treatment providers, and the no-show rate so that ADAMH/FCCS can propose future solutions to this population.	Access to Quality Care Services: Payment for Quality Care
Outpatient Commitment Hospitalization	80% of individuals on outpatient commitment will not experience an inpatient hospitalization.	This work will monitor the rate of inpatient hospitalization for those individuals who are placed on outpatient commitment. Crisis resulting in hospitalization (higher acuity of care) places an individual in a more restrictive environment and is detrimental to their overall well-being.	Access to Quality Care Services: Diversion from High Acuity Care
Peer Support Workforce Expansion	50% increase in the number of certified peer recovery support specialists in Franklin County.	This work will expand the behavioral health workforce using an evidence based best practice that will lead to qualified peer staff that will enhance the county's continuum of care.	Access to Quality Care Services
Transitional Living Program	95% of emerging adults who graduate from Huckleberry House's Transitional Living Program will secure permanent housing.	This result monitors our investments to reduce youth homeless for those who have a mental illness or substance use disorder.	Safety, Security, and Stability: Housing Stability

Result Title	Result Statement	Why This Matters	Priority Alignment
Youth Mental Health First Aid	85% of participants who complete Youth Mental Health First Aid will report confidence they could reach out to someone who may be dealing with a mental health problem, substance use challenge, or crisis.	This result targets early identification of mental illness and substance use disorders, which is key in the treatment of disorders. Youth mental health first aid equips individuals with little to no background in identifying mental health and addiction concerns and provides information to help these individuals get others linked with appropriate care.	Access to Quality Care Services: Value-Based Payment Strategies
Youth Treatment Outcomes	80% of youth who receive ADAMH-funded treatment services will show a decrease in problem severity.	This result is key to ensuring quality of care in ADAMH's youth treatment investments. Positive outcomes will demonstrate that individuals are improving their mental health. It also allows clinical services to work with providers to improve treatment services as needed. This result is key to ADAMH's mission that treatment works and recovery happens.	Access to Quality Care Services: Value-Based Payment Strategies

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: Brian Malachowsky, Policy and Monitoring Manager

RESPONSIBLE STAFF:

- Sujatha Aroor, Fiscal Systems Manager
- Justin Curtis, Director, SHARES Enterprise Services
- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Nettie Ferguson, Community Prevention Manager
- Meg Griffing, Clinical Manager, Adults
- Kythryn Carr Harris, 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
- Erika Oshiro, Reporting Specialist
- Prajakta Samant, Systems Analyst II
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Vice President, Planning & Evaluation
- Jonathan Wyly, CFO
- *Clinical Manager, Substance Use Disorder Treatment Services*

OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Focused Monitoring	100% of corrective actions identified regarding identified provider performance issues associated with operational results will be completed within prescribed timeframes.	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
Allocation Monitoring	100% of corrective actions identified regarding identified provider performance issues associated with the rate of providers earning their allocations will be completed within prescribed timeframes.	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
Consumers Served	100% of corrective actions identified regarding identified provider performance issues associated with the number of consumers receiving services will be completed within prescribed timeframes.	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

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, Senior Project Manager

RESPONSIBLE STAFF:

- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Susan Duderstadt, Senior Director, Information Technology Services
- Kythryn Carr Harris, Vice President, Clinical Services
- Mark Lambert, Senior Director, Finance
- Jennifer Martinez, Director, Clinical Services
- Aimee Shadwick, Director, Public Affairs
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Vice President, Planning & Evaluation
- Tillie Woods, Senior Director, Human Resources
- Jonathan Wyly, CFO

OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Project Success	100% of the success criteria included in a project charter will be met.	Identifying and monitoring success criteria for every project will ensure that initiated projects have a substantial impact on the organization.	Mission, Vision, and Core Values

Result Title	Result Statement	Why This Matters	Priority Alignment
Project Documents	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, and Core Values
Project Meetings	100% of projects will be initiated or closed within 30 days of Senior Staff approval to start or end a project.	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 and a timely close-out meeting will allow the team to offer feedback that informs future planning.	Mission, Vision, and Core Values

2019 PROJECTS:

Project	Purpose	Success Criteria
Allocation Alignment	Align provider allocations to support value based contracts.	<p>Provider allocations will be associated with performance outcomes.</p> <p>Provider performance will be enhanced by a clear relationship between allocations and outcomes.</p> <p>The 2020 Board budget will be driven thru allocations defined by value based outcomes.</p>
BH Redesign	Ensure ADAMH investments compliment services paid by Medicaid.	<p>The service continuum available to all consumers will be the same regardless of payer source.</p> <p>Board funds will not be used where available Medicaid reimbursement exists.</p>
CEO Orientation	Transfer knowledge from staff members in key positions to the CEO to assure a smooth transition and the continuing operation of the board.	Each team will create a binder of material for the team leader to review with and orientate the new CEO.

Project	Purpose	Success Criteria
Continuity of Care Agreement Update	Review and update the current continuity of care agreement so the newer version can be executed by ADAMH and its partners before December 31, 2019.	The 2020 continuity of care agreement is executed by December 31, 2019.
Franklin County Crisis Center Planning	Build and open a new mental health facility for the citizens of Franklin County to provide a complete crisis care continuum for adult consumers by 2021. The new facility will be designed to provide 24/7 access to care through the first responder system, law enforcement, community care providers and self-referrals providing a safe, therapeutic setting which stabilizes the consumer and links them to the least restrictive treatment options that lead to recovery.	Implementation plans (multiple) for the steering-committee-approved strategic objectives are completed. Procurement of an architectural firm for the design of the new center is completed.
Medicaid Data Matching	Expand the Medicaid ID look-up process to include all ADAMH consumers enrolled in SHARES and integrate Medicaid claims and eligibility data with ADAMH data to understand the full complement of behavioral health services received.	Valid claims data are available for all publicly-funded services to ADAMH consumers.
Peer Workforce Analysis	Examine the role of ADAMH peer recovery support staff as it relates to job duties, salary and benefits, agency culture, and other relevant factors to determine adherence to certification standards, credentialed competencies, and best practices.	Initiatives are incorporated into a strategic plan for 2020 implementation. ADAMH staff will have a better understanding of how peers are currently used in the system of care to guide planning efforts.
Provider Code Definitions	Define ADAMH's unique Z codes, which are not part of the Medicaid taxonomy, and develop a process for ensuring the definitions inventory is always current.	A monitoring process has been developed in time to be used by ADAMH staff during the 2019 agency services plan and budget review process.

Project	Purpose	Success Criteria
SharePoint Migration	Prepare for and monitor the migration to SharePoint 2016 by reviewing customization needs and workflow requirements, identifying content in libraries and lists to remove prior to the migration, and monitoring the statement of work provided by our vendor.	<p>All staff will be trained/given an overview of the new version of SharePoint.</p> <p>All necessary customizations, or acceptable out-of the box configurations, for current SharePoint functions will be completed as agreed upon by the user group.</p> <p>Records management will be fully functional.</p>
System Orientation to Family Supports	Update and host another system orientation for families and caregivers and implement a web-based version of the same so it is available to the public at any time.	<p>System orientation is held for families and caregivers in 2019</p> <p>Web-based version of the orientation is available</p>
System Workforce Development	Select and engage a behavioral health workforce expert to help ADAMH staff identify strategies to address high employee turnover within the ADAMH system of care.	System workforce development strategies are identified for 2020 implementation and monitoring.
Value-Based Contracts	Monitor the providers that are participating in the 2019 pilots for crisis care and prevention and plan the 2020 pilot(s).	<p>2019 pilots are successfully initiated, evidenced by incentive payments to providers.</p> <p>2020 pilots are successfully designed, evidenced by BoT approval for requested funds.</p>

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
- Continuity of operations/disaster recovery plan management
- Data analysis and report requests
- Desktop hardware and software support services
- Email 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

PROGRAM LEADS:

- Susan Duderstadt, Senior Director, Information Technology Services
- Heber Howard, Director, Accounting and Financial Reporting
- Jonathan Thomas, Vice President, Planning & Evaluation
- Tillie Woods, Senior Director, Human Resources

RESPONSIBLE STAFF:

- Marissa Anderson, Administrative Assistant
- Sujatha Aroor, Fiscal Systems Manager

- Mackenzie Betts, Public Information Officer
- Allison Chapman, Receptionist
- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Joe Florenski, Privacy Officer/Records Manager
- Kythryn Carr Harris, Vice President, Clinical Services
- Robert Lonardo, Data Solutions Manager
- Jesse Lyon, Network Administrator
- Brian Malachowsky, Policy and Monitoring Manager
- Zac Morris, Systems Analyst I
- Erika Oshiro, Reporting Specialist
- Kathleen Podlasiak, Executive Assistant
- Tikara Robinson, , Executive Assistant
- Prajakta Samant, Systems Analyst II
- Darlene Truss, Executive Assistant – Community Engagement and Human Resources
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Wyly, CFO

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 or actual event in less than two and a half 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, and 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, and Core Values
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, and 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 consumers to and monitor assistance provided by Legal Aid Society of Columbus, 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, training, and support to system client rights officers
- Consumer and Family Advocacy Council (CFAC) support
- Consumer complaint processing
- Consumer grievance processing
- Consumer satisfaction surveying
- HIPAA privacy rights management
- Legal Aid Society of Columbus contract management and trend analysis
- Placement of consumers/family members on ADAMH workgroups or committees
- Section 1557 language access services

PROGRAM LEAD: Phil Hedden, Client Rights Advocate

RESPONSIBLE STAFF:

- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Nettie Ferguson, Community Prevention Manager
- Joe Florenski, Privacy Officer
- Meg Griffing, Clinical Manager, Adults
- Kythryn Carr Harris, Vice President, Clinical Services
- Jennifer Martinez, Director, Clinical Services
- Keith McCloud, Residential Placement Manager
- Mitzi Moody, Clinical Manager, Youth and Families
- Erika Oshiro, Reporting Specialist
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Vice President, Planning & Evaluation
- Jonathan Wyly, CFO
- *Clinical Manager, Substance Use Disorder Treatment Services*

OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Consumer Complaints or Grievances	100% of consumer complaints or grievances will be resolved within prescribed timelines.	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, and Core Values
Consumer Satisfaction	85% 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.	Access to Quality Care Services: Value-Based Payment Strategies
Legal Aid Referrals	100% of referrals served 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, and 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
- Justin Curtis, Director, SHARES Enterprise Services
- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Cathy Harris, Accounting Specialist
- Kythryn Carr Harris, Vice President, Clinical Services
- 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
- Sonji Ross, SHARES System Enrollment Representative
- Jennifer Russell, SHARES Business Systems Analyst
- Dr. Delaney Smith, System Chief Clinical Officer
- Carolee Spencer, Director, Membership Services
- Jonathan Thomas, Vice President, Planning & Evaluation
- Jonathan Wyly, CFO

OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Financial Model Management	The 2019 final cash balance will be within 5% of the target ending cash balance established by the base 2019 financial model.	Monitoring this result will ensure that annual community funding levels align with planned cash reserves for the remainder of the levy cycle.	Mission, Vision, and 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).	Quality monitoring is performed to provide objective oversight for Board's policies and procedures compliance, to evaluate risks and protects Board's assets, to assess efficiency and operating effectiveness of Board's internal controls, and to ensure compliance with relevant laws and regulations.	Mission, Vision, and Core Values

Result Title	Result Statement	Why This Matters	Priority Alignment
SHARES Provider Claims Performance	80% of the total number of claims submitted by providers and initially denied for the reasons "No Insurance" or "Dates of Service Not Authorized" will be corrected by the provider by the claims cut-off date for the contract year and subsequently paid by ADAMH.	Reduction in the number of denied claims in SHARES will ensure that providers are recognizing reimbursement for services submitted to ADAMH for payment and fully earning budgeted allocations. This will also indirectly indicate if ADAMH technical assistance and corrective action efforts are improving the quality of initial claims submitted. This will not include Medicaid-eligibility denials and focus on selected denial reasons for 2019.	Mission, Vision, and Core Values
SHARES/FIAT Performance	100% of claims will be processed and provider reports will be generated per the 2019 production schedule.	Monitoring this result will ensure that functionality/ performance is tracked until SHARES and FIAT mature. FIAT software enhancements will be deployed in 2019.	Mission, Vision, and Core Values
SHARES Help Desk (3C Hotline)	100% of ADAMH business units will complete provider help desk tickets 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, and Core Values

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
- Volunteer and events coordination
- Website maintenance services

PROGRAM LEAD: Aimee Shadwick, Director, Public Affairs

RESPONSIBLE STAFF:

- Marissa Anderson, Administrative Assistant
- Mackenzie Betts, Public Information Officer
- Dr. Kevin Dixon, Vice President, Community and Cultural Engagement
- Nettie Ferguson, Community Prevention Manager
- Meg Griffing, Clinical Manager, Adults
- Kythryn Carr Harris, Vice President, Clinical Services
- Leah Hooks, Digital Communications Specialist
- Jennifer Martinez, Director, Clinical Services
- Mitzi Moody, Clinical Manager, Youth and Families
- Diane Peterson, Volunteer and Events Coordinator
- Dr. Delaney Smith, System Chief Clinical Officer
- Jonathan Thomas, Vice President, Planning & Evaluation
- Jonathan Wylly, CFO

OPERATIONAL RESULTS:

Result Title	Result Statement	Why This Matters	Priority Alignment
Community Collaboration and Engagement	45% increase in the number Franklin County residents 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. Efforts include the mini-grants program, health fair participation, Mental Health First Aid training, murals, and distribution of medication disposal bags.	Prevention and Community Engagement: Community Support
Social Media Followers	40% increase in the number of people following ADAMH on social media outlets.	Increasing the number of individuals following the ADAMH Board on social media (Facebook, Instagram, LinkedIn) helps spread awareness and get ADAMH messages across to Franklin County residents by meeting them where they already spend their time.	Prevention and Community Engagement: Community Support
Training and Development	90% of participants of ADAMH coordinated or sponsored trainings will have an increased knowledge of ADAMH after the training.	All interactions with Franklin County community members provide an opportunity to increase awareness of ADAMH, increase the positive opinion of ADAMH, and decrease stigma of mental illness and alcohol and other drug issues. Trainings include Mental Health First Aid, system orientation, and other events coordinated or sponsored by ADAMH.	Prevention and Community Engagement: Community Support

REFERENCES

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- [i] 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 20 March 2019.
- [ii] US Census Bureau, 2013-2017 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 on 20 March 2019.
- [iii] US Census Bureau, 2013-2017 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 on 20 March 2019.
- [iv] US Census Bureau, 2013-2017 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 on 20 March 2019.
- [v] US Census Bureau, 2013-2017 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 on 20 March 2019.
- [vi] Commonwealth Fund, “Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured”, Survey Brief, February 2019, accessed from https://www.commonwealthfund.org/sites/default/files/2019-02/Collins_hlt_ins_coverage_8_years_after_ACA_2018_biennial_survey_sb.pdf on 20 March 2019.
- [vii] Ohio and the ACA’s Medicaid Expansion, accessed from <https://www.healthinsurance.org/ohio-medicaid/> on 20 March 2019.