

# ADAMH Board of Franklin County

## 2009 Business Plan

### ADAMH Vision Statement:

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.

### ADAMH 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.

### Business Environment

#### Consumers:

1. Changing community demographics will challenge ADAMH to provide culturally competent services delivered by culturally capable professionals that address the following socioeconomic factors:
  - Poverty;
  - Children and families at risk;
  - Emerging immigrants;
  - Stigma;
  - Aging population;
  - Integration of ex-offenders into community.
2. Better informed and more empowered consumers will challenge ADAMH's ability to meet their expectations from the public system of care.

#### Providers:

1. Ability of providers to meet the changing demands of consumers is challenged by:
  - Reductions in local & state revenues while business expenses and demand for quality services continues to rise;
  - A lack of continuity of workforce due to high turnover;
  - An insufficient cultural diversity in the workforce.

#### System:

1. External pressures on discretionary funds (resources available) due to:
  - Growth of Medicaid at unplanned rate;
  - Reduction in local levy funds due to slowed housing starts as a result of the mortgage crisis;
  - Reduction in state GRF funds as a result of economic recession;
  - Growth in state hospitalization costs at unplanned rate.
2. Increase proportion of consumers who are Medicaid eligible will:
  - Continue to require payments for services that are not optional;
  - Increase number of contract service provider who are targeting Medicaid consumers, and will impact the availability of funding for non-Medicaid consumers
  - Require state leadership to re-structure Medicaid Program

**Community:**

Increased expectations of the community that ADAMH system's safety net remains intact and also grows during 10 year levy cycle.

**Department Strategic Results**

1. By January 2010, the ADAMH system of care will be viewed as the 'Employer of Choice' among behavioral healthcare professionals who seek to deliver clinically and culturally appropriate services to consumers, as evidenced by:
  - 10% reduction in turnover among clinicians, caseworkers and psychiatrist;
  - Creative recruitment strategies, which will be used by ADAMH and may be used by Providers, which focus on increasing the 2006 levels of professionals that are representative of the racial/ethnic characteristics of the consumer population served;
  - The provision of system continuing education and training opportunities related to culturally competent and capable care;
  - Partnerships among universities and post-secondary learning institutions to create an increased supply of future healthcare professionals who choose to work for the ADAMH system of care.
2. By January 2010, expand the system of care in a culturally and clinically competent manner for children and families at risk as evidenced by:
  - 10% increase in number of schools that offer prevention screening and referral services;
  - 10% increase in targeted schools that offer prevention services utilizing evidence-based models;
  - 5% increase in the number of contract prevention providers that actively work with faith communities to reach out to targeted populations in need.
3. By January 2010, ADAMH will seek to ensure timely access to clinically and culturally appropriate care so that every individual seeking help will achieve identified outcomes and recovery as evidenced by the following indicators:
  - Decrease the linkage time from assessment to first face-to-face treatment contact from 15.9 days to 13 days.
  - Increase by 5% the total number of persons served in the system of care.
4. By January 2010, ADAMH will supplement the system's tax-supported budget by 4% from new funding sources to fund strategic priorities and innovations to care for mental health and alcohol/and other drug consumers.
5. By January 2010, an additional 15% of Franklin County residents will demonstrate accurate knowledge of mental illness and other behavioral health disorders as evidenced by the Community Behavioral Healthcare Survey.
6. By January 2010, ADAMH will contract for prevention and treatment services with providers that utilize evidence-based and science-based protocols applied consistently to diverse populations, therefore promoting a healthier community at large.

## Lines of Business

**CONSUMER CARE:** The purpose of the Consumer Care Line of Business is to provide behavioral health treatment services to adults, older adults and children/adolescents so they can live, work, learn and participate in their communities.

### **Treatment Services to SMI Adults:**

A1. 75% of network providers serving adults with severe mental illness will meet established performance thresholds.

### **Treatment Services to Adults and Older Adults:**

B1. 75% of General Adults will receive mental health services from network service providers that meet 75% of established performance thresholds.

### **Treatment Services to Alcohol/Other Drug (AOD) Adults:**

C1. 75% of network providers serving adults with substance use disorders will meet established performance thresholds.

### **Treatment Services to Children & Adolescents:**

D1. 75% of Children & Adolescents with severe mental illness will receive services from network service providers that meet established performance thresholds.

### **Prevention Services:**

E1. 65 % of youth and adults will receive prevention services from Network service providers that meet established performance thresholds.

### **Consumer & Family Services:**

F1. 95% of informal complaints filed with ADAMH will be resolved within 5 working days.

F2. 75% of formal complaints (grievances) filed with ADAMH will be resolved within 20 working days.

### **Housing:**

G1. 75% of CHN housing program will meet established performance thresholds.

**SYSTEM OF CARE PLANNING & EVALUATION:** The purpose of the System of Care Planning & Evaluation Line of Business is 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.

**Service Provider Monitoring: *\*\*IN PROGRESS\*\****

H1. 75% of consumers served by ADAMH's network of care will meet identified performance thresholds.

**Private/Public Funding:**

I1. Submission of funding proposals will result in an increase in revenue to the ADAMH system of \$1,400,000.

**Adult Hospital Management:**

J1. 100% of the BHO bed day allocation (72 per day) for the calendar year 2009 will not be exceeded.

**Public Affairs:**

K1. 55% of Franklin County citizens have positive opinions about the work of the ADAMH Board.

**ADMINISTRATIVE AND LEADERSHIP SERVICES:** The purpose of the Administrative/Leadership Support Services Line of Business is to provide, Human Resource, Facility and Equipment, Financial Management, and Information Support Services to ADAMH Board of Trustees and staff so they can achieve their goals and fulfill the Board's mission.

**Human Resources:**

L1. 90% of Strategic Business Plan Key Results are achieved.

**Facilities & Equipment Services:**

M1. 80% of the regularly scheduled facility projects and preventative maintenance activities will be successfully completed on-time.

**Information Services:**

N1. 90% of the priorities identified by the IT Council will be completed on schedule so that the Board's performance goals are achieved in a timely manner.

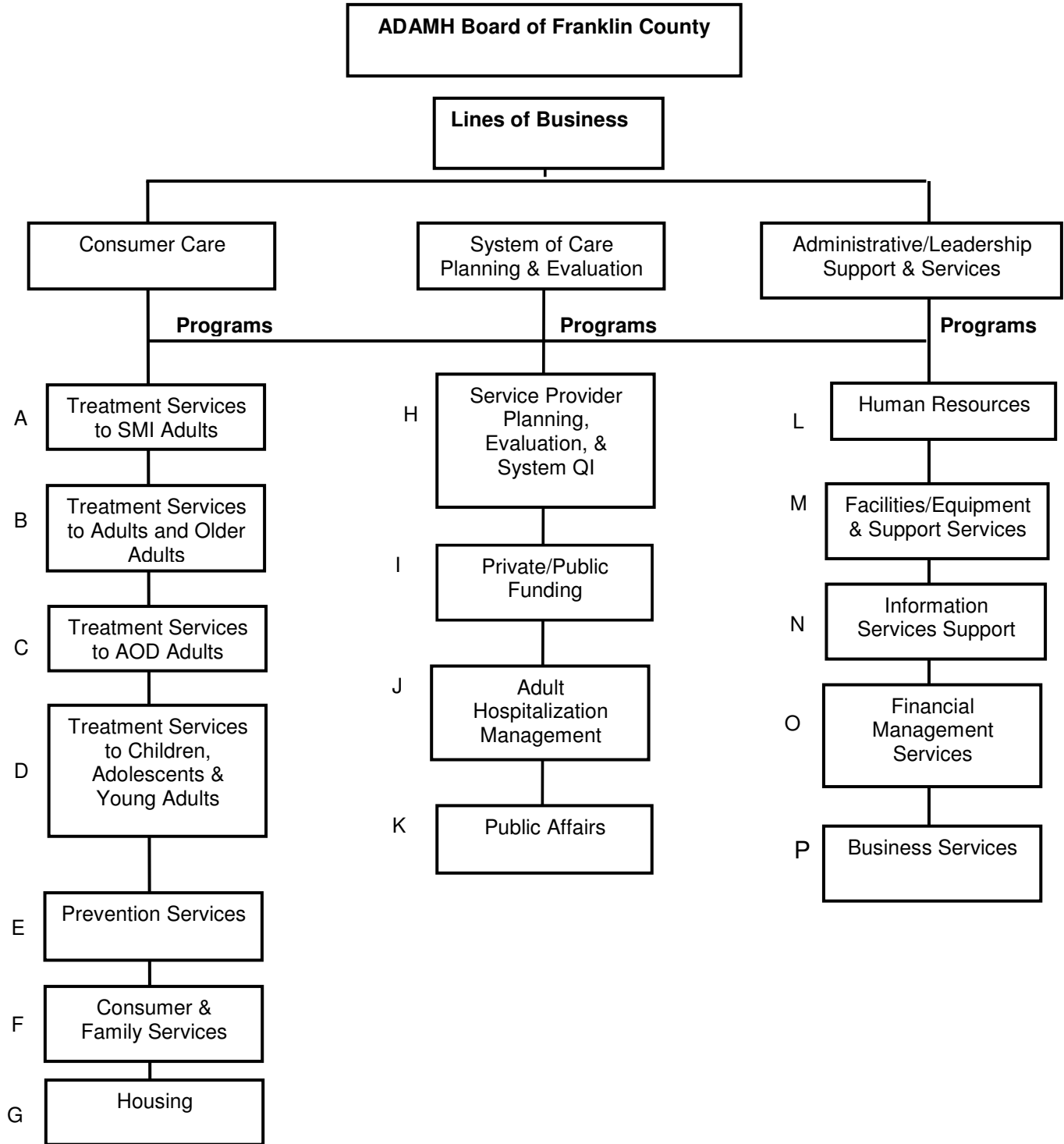
**Financial Management:**

O1. 90% of the time the variance between the current year financial stressor projections and the revised 10-year financial model will be within 5%.

**Business Services:**

P1. 98% of Medicaid and ADAMH Services Claims Reimbursement Funds are paid within 60 days of receipt of their claims files.

## Managing for Results Organizational Structure:



Program Descriptions and Performance Measures	
<b>Line of Business</b>	<b>Consumer Care</b>
<b>Program</b>	<b>A. Treatment Services to Adults with Severe Mental Illness</b>
Program Purpose Statement	The purpose of the Treatment Services for Adults with Severe Mental Illness (SMI) Program is to provide behavioral health treatment services through the provider network to adults experiencing severe mental illness so they can live, work, learn and participate in their community.
Services that Comprise the Program	Crisis intervention; diagnostic assessment; pharmacologic management; outpatient; community psychiatric support; assertive community treatment; vocational; partial hospitalization; state hospital & private hospital inpatient; residential treatment; housing; consumer operated service; peer support; other mental health.
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>A1. 75% of network providers serving adults with severe mental illness will meet established performance thresholds.</p> <p><b>Output:</b> 8 providers expected to meet established performance thresholds:</p> <ul style="list-style-type: none"> <li>• Columbus Area, Concord Counseling, Center of Vocational Alternatives, Netcare, North Central Mental Health Services, North Community Counseling Centers, Southeast, TVBH-Community Support Network</li> </ul> <p><b>Demand:</b> 8 providers requiring performance threshold monitoring.</p> <p><b><u>Program Results:</u></b></p> <p>A2. 90% of linked adults with severe mental illness will experience less than 3 crisis episodes at Netcare in 2009.</p> <p><b>Output:</b> 9,600 adults with SMI expected to seek and receive treatment services, with crisis support being available to all. <b>Demand:</b> 9,600 adults with SMI requiring treatment services.</p> <p>A3. 90% of clients served in the residential treatment programs will not exceed the provider-contracted average length of stay.</p> <p><b>Output:</b> 175 adults served in residential treatment programs. <b>Demand:</b> 175 adults expected to require residential treatment services.</p> <p>A4. 50% of consumers participating in IDDT/ACT teams for at least 6 contiguous months will experience a reduction in state hospital day utilization by December 31, 2009.</p> <p><b>Output:</b> 310 IDDT-ACT Team participants served for at least 6</p>

	contiguous months (i.e. 95% of team participants) <b>Demand:</b> 325 IDDT-ACT Team participants at NCMHS, CA, CSN & SE
Responsible Employee(s)	Dr. Kathy Burns, Dr. Kevin Dixon, Julie Erwin Rinaldi, Michele Gallagher, <b>Pam Garretson</b> , Elaine Haines, Ron Kadylak, Dean Kauffman, Susan Lewis Kaylor, Mark Lambert, Stephanie Patrick, Will Reeves, Prajakta Samant, Michael Smith, Janet Stackpole, Heather Ward, Jonathan Wylly.

<b>Line of Business</b>	<b>Consumer Care</b>
<b>Program</b>	<b>B. Treatment Services to Adults and Older Adults</b>
Program Purpose Statement	The purpose of the Treatment Services to Adults and Older Adults Program is to provide behavioral health treatment services through the provider network to adults experiencing mental illness so they can live, work, learn and participate in their community.
Services that Comprise the Program	Crisis intervention; diagnostic assessment; medical somatic; outpatient; community psychiatric support; assertive community treatment; vocational; partial hospitalization; state hospital & private hospital inpatient; residential treatment; housing; consumer operated service; peer support; other mental health; outcomes assessment and analysis, System Quality Improvement (SQI) Performance Indicators, Consumer Satisfaction Survey (CSQ-8), Quality Improvement.
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>B1. 75% of General Adults will receive mental health services from network service providers that meet established performance thresholds.</p> <p><b>Output:</b> 10 providers expected to meet established thresholds:</p> <ul style="list-style-type: none"> <li>• Choices, Columbus Area, Concord, Directions for Youth, Dublin, Maryhaven, North Central, North Community, Northwest, Southeast</li> </ul> <p><b>Demand:</b> 10 providers requiring performance threshold monitoring.</p> <p><b><u>Program Results:</u></b></p> <p>B2. 100% of adults will receive services for psychological trauma from identified providers that meet 95% of established performance thresholds.</p> <p><b>Output:</b> 493 adults expected to receive psychological trauma services.</p> <p><b>Demand:</b> 493 adults expected to request psychological trauma from Dublin, Northwest, &amp; Southeast.</p> <p>B3. 75% of Older Adults will receive services for specialized treatment from identified providers that meet 95% of established performance thresholds.</p> <p><b>Output:</b> 1,020 Older Adults expected to receive services from Concord, Northwest, North Central, &amp; Southeast.</p> <p><b>Demand:</b> 1,020 Older Adults expected to request services.</p>

Responsible Employee(s)	Dean Kauffman, Julie Erwin Rinaldi, Jonathan Wylly, Stephanie Patrick, Pam Garretson, Dr. Kevin Dixon, Dr. Kathy Burns, <b>Carla Darnell</b> , Michael Smith, Ron Kadylak, Heather Ward, Elaine Haines, Janet Stackpole
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<b>Line of Business</b>	<b>Consumer Care</b>
<b>Program</b>	<b>C. Treatment Services to Alcohol and Other Drug Addicted (AOD) Adults</b>
Program Purpose Statement	The purpose of the Treatment Services to AOD Adults Program is to provide behavioral health treatment services through the provider network to adults experiencing drug and alcohol abuse and addiction so they can live, work, learn and participate in their community.
Services that Comprise the Program	Outpatient and intensive outpatient; case management; screening analysis; methadone; buprenorphine, short & long term residential; short & long term halfway house treatment; ambulatory detox.; hospital detox sub acute; residual detox acute; and hospital detox acute, outcomes assessment and analysis, System Quality Improvement (SQI) Performance Indicators, Consumer Satisfaction Survey (CSQ-8), quality improvement.
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>C1. 75% of network providers serving adults with substance use disorders will meet established performance thresholds.</p> <p><b>Output:</b> 10 AOD providers expected to meet established thresholds.</p> <ul style="list-style-type: none"> <li>Amethyst, Columbus Health Department, CompDrug, House of Hope, Project Linden, Neighborhood House, Southeast, NorthCentral, Columbus Area, Maryhaven)</li> </ul> <p><b>Demand:</b> 10 AOD providers requiring performance threshold monitoring</p> <p><b><u>Program Results:</u></b></p> <p>C2. 75% of consumers receiving sub-acute detoxification/Engagement Center services will receive a Face to Face ongoing AOD service within 7 days of discharge.</p> <p><b>Output:</b> 18,779 adults receive detox and Engagement Center services and face-to-face AOD services after discharge.  <b>Demand:</b> 18,779 adults expected to request detox and Engagement Center services.</p> <p>C3. 100% of identified sub-acute and ambulatory detoxification service performance thresholds will be met by Maryhaven.</p> <p><b>Output:</b> 94 Detox based RFR services  <b>Demand:</b> 94 Detox based services</p> <p>C4. 75% of consumers who receive medically assisted tx services from providers will show improvement/stability in identified measures of recovery.</p> <p><b>Output:</b> 134 clients expected to receive Medically Assisted services.  <b>Demand:</b> 134 clients expected to request Medically Assisted services.</p>

	<p>C5. 1% of all Franklin County consumers discharged from a State BHO (that also have a primary AOD diagnosis) will be linked to Maryhaven as their lead provider.</p> <p><b>Output:</b> 12 consumers discharged from State BHOs with primary AOD diagnosis.</p> <p><b>Demand:</b> 12 consumers expected to require discharge from State BHOs with primary AOD diagnosis.</p>
Responsible Employee(s)	Dean Kauffman, Crystal Stephens, Prajakta Samant, Julie Erwin Rinaldi, Jonathan Wylly, Stephanie Patrick, Pam Garretson, Dr. Kevin Dixon, Dr. Kathy Burns, <b>Ajamú Brown</b> , Michael Smith, Ron Kadylak, Elaine Haines, Janet Stackpole, Heather Ward.

<b>Line of Business</b>	<b>Consumer Care</b>
<b>Program</b>	<b>D. Treatment Services to Children, Adolescents &amp; Young Adults</b>
Program Purpose Statement	The purpose of the Treatment Services to Children, Adolescents and Young Adults Program is to provide behavioral health treatment services through the provider network to youth experiencing mental illness and/or substance abuse problems so they can live with their families, and participate in their community.
Services that Comprise the Program	Crisis intervention; diagnostic assessment; medical somatic; outpatient; community psychiatric support; school psychology; residential treatment; foster care; housing; respite and crisis bed; hotline; case management; screening analysis.
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>D1. 75% of Children &amp; Adolescents with severe mental illness will receive services from network service providers that meet established performance thresholds.</p> <p><b>Output:</b> 6 providers expected to meet established performance thresholds:</p> <ul style="list-style-type: none"> <li>• The Buckeye Ranch, Directions for Youth and Families, Huckleberry House, Nationwide Children’s Hospital, Rosemont, St. Vincent</li> </ul> <p><b>Demand:</b> 6 providers requiring performance threshold monitoring.</p> <p><b><u>Program Results:</u></b></p> <p>D2. 85% of youth hospitalized under the NetCare Child and Adolescent Hospital Contract will receive a face-to-face service within 7 days of discharge from the community provider to which they are linked.</p> <p><b>Output:</b> 65 youth will receive hospital assistance and a face-to-face service upon discharge.  <b>Demand:</b> 10,601 youth expected to require hospital care under Netcare child and adolescent hospital contract.</p> <p>D3. 60% of youth assessed by Nationwide Children’s Hospital assessors at Franklin County Children Services and Juvenile Court will receive community-based care in lieu of out of county placement (residential treatment or DYS commitment).</p> <p><b>Output:</b> 954 children and adolescents will be assessed  <b>Demand:</b> 10,601 children and adolescents will seek and receive treatment services</p> <p>D4. 5% reduction in the number of youth who are placed as compared to 2008 in out of county residential treatment facilities.</p>

Responsible Employee(s)	Dean Kauffman, Lindsey Ladd, Jessica Jin, Julie Erwin Rinaldi, Jonathan Wyly, Pam Garretson, Dr. Kevin Dixon, Stephanie Patrick, Dr. Kathy Burns, <b>Eve Fitch</b> , Kythryn Carr Hurd, Michael Smith, Ron Kadylak, Janet Stackpole.

<b>Line of Business</b>	<b>Consumer Care</b>
<b>Program</b>	<b>E. Prevention Services</b>
Program Purpose Statement	The purpose of the Prevention Services Program is to provide Alcohol and Drug and Mental Health education and skill building services to youth and adults, so they can avoid the abuse of drugs and alcohol make positive behavior choices and improve the well being of our community.
Services that Comprise the Program	Evidence-based prevention model development; prevention program development & oversight; prevention outcomes analysis & reporting
Program Performance Measures	<p><b>Key Result:</b></p> <p>E1 65 % of youth and adults will receive prevention services from Network service providers that meet established performance thresholds.</p> <p><b>Output:</b> 22 providers expected to meet established performance thresholds:</p> <ul style="list-style-type: none"> <li>• Africentric Personal Development Shop Inc, Amethyst, Buckeye Ranch, Nationwide Children’s Hospital Behavioral Health, Columbus Area Inc, Columbus Public Health, Columbus Urban League, Community For New Direction, CompDrug, Concord Counseling Services, Directions for Youth and Families, Education Council, Native American Indian Center, North Central Mental Health, North Community Counseling Centers, Northwest Counseling Services, Prevention Council of Central Ohio, Project Linden, Schottenstein Chabad House-Friendship Circle, Southeast Inc, St. Vincent Family Centers, Urban Minority Alcoholism &amp; Drug Abuse Outreach Program</li> </ul> <p><b>Demand:</b> 22 providers requiring performance threshold monitoring.</p> <p><b>Program Results:</b></p> <p>E2 65% of Youth receiving AOD and Mental Health prevention services will achieve their milestones resulting in positive behavior change.</p> <p><b>Output:</b> 51,710 youth served in prevention services; # youth served in prevention services in TARGETrak. <b>Demand:</b> 197,875 youth would benefit from Prevention Services.</p> <p>E3 65% of Adults receiving AOD and Mental Health prevention services will achieve their milestones resulting in positive behavior change.</p> <p><b>Output:</b> 33,690 adults served in prevention services; # adults served in prevention services in TARGETrak. <b>Demand:</b> 417,103 adults would benefit from Prevention Services.</p> <p>E4 5% increase in prevention programs that work with faith communities to reach out to the targeted populations.</p> <p><b>Output:</b> 8 of 75 programs work with Faith communities in 2009.</p>

	<p><b>Demand:</b> 7 of 75 programs work with Faith communities in 2008.</p> <p>E5 10% of new school-based programming funded by the ADAMH Board will include prevention screening and referral services.</p> <p><b>Output:</b> 2 New School Based Programs utilized Prevention Screening &amp; Referral.</p> <p><b>Demand:</b> 2 New School Based Programs utilized Prevention Screening &amp; Referral.</p>
Responsible Employee(s)	Julie Erwin Rinaldi, Dean Kauffman, <b>Nettie Ferguson</b> , Ron Kadylak, Heather Ward, Carla Darnell, Ajamu' Brown, Pam Garretson, Eve Fitch, Michael Smith, Joe Florenski

<b>Line of Business</b>	<b>Consumer Care</b>
<b>Program</b>	<b>F. Consumer &amp; Family Services</b>
Program Purpose Statement	The purpose of the Consumer & Family Services Program is to provide support and complaint resolution services to consumers and family members so they can have resolution of their complaints in a timely fashion and have a more active voice in public policy development.
Services that Comprise the Program	Consumer and Family Advocacy Council Staff Services; Consumer and Family Advocacy Enhancement Services; Consumer and Family Complaint/Grievance Resolution Services
Program Performance Measures	<p><b><u>Key Results:</u></b></p> <p>F1. 95% of informal complaints filed with ADAMH will be resolved within 5 working days.</p> <p><b>Output:</b> 320 complaints filed with ADAMH. <b>Demand:</b> 320 complaints expected to be filed.</p> <p>F2. 75% of formal complaints (grievances) filed with ADAMH will be resolved within 20 working days.</p> <p><b>Output:</b> 10 grievances filed with ADAMH. <b>Demand:</b> 10 grievances expected to be filed.</p> <p><b><u>Program Results:</u></b></p> <p>F3. 95% of CFAC member support from the CFA regarding essential functions will be provided on time.</p> <p><b>Output:</b> 5 areas of member support provided routinely. <b>Demand:</b> 5 areas of member support expected by CFAC.</p> <p>F4. 90% of adults with SMD receive services from Peer Center that help them to deal more effectively with their problems.</p> <p><b>Output:</b> 532 Adults enrolled at the P.E.E.R Center; # Adults enrolled in Partners. <b>Demand:</b> 532 Adults expected to be enrolled at the P.E.E.R. Center, # Adults expected to be enrolled in Partners.</p>
Responsible Employee(s)	<b>Phil Hedden</b> , Pam Garretson, Susan Lewis Kaylor, Keith McCloud, Carla Darnell, Carma Koval, Dr. Kevin Dixon, Ajamu' Brown, Elaine Haines, Ron Kadylak, Aimee Shadwick, and Alisha Wilkes.

<b>Line of Business</b>	<b>Consumer Care</b>
<b>Program</b>	<b>G. Housing</b>
Program Purpose Statement	The purpose of the Housing 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.
Services that Comprise the Program	Contract Management, Planning and Access to Care, Community Relations, Training and Education, ORC mandates, Utilization Review, Partnership Development, Stakeholder Outreach and Fire/Life Safety inspections.
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>G1. 75% of CHN housing program will meet established performance thresholds.</p> <p><b>Output:</b> 57 CHN consumers will utilize a temporary subsidy.  <b>Demand:</b> 57 CHN consumers expected to require a temporary subsidy.</p> <p><b><u>Program Results:</u></b></p> <p>G2. 75% of single adult residents of Southpoint Place Service Enriched Housing will have a decrease in treatment costs by the end of the first year of housing.</p> <p><b>Output:</b> 58 adult residents at Southpoint Place utilize treatment services.  <b>Demand:</b> 57 adult residents at Soutpoint Place expected to utilize treatment services.</p> <p>G3. 100% of designated affordable housing units will pass the Fire and Life Safety inspections on the first inspection.</p> <p><b>Output:</b> 1,180 units of CHN housing that are inspected.  <b>Demand:</b> 1,180 units of CHN housing that require Fire &amp; Life Safety Inspections</p> <p>G4. 50% of the ADAMH allocated funding for the PATH Homeless Outreach program will be utilized for MACSIS enrolled consumers. of which 37% will be linked to ongoing treatment and/or housing services.</p> <p><b>Output:</b> 370 will be enrolled in PATH, 370 will be linked with tx services.  <b>Demand:</b> 370 homeless adults expected to require path services.</p>
Responsible Employee(s)	<b>Elaine Haines</b> , Joe Florenski, Stephanie Patrick, Ron Kadylak, Michael Smith, Heather Ward, Carla Darnell, Ajamú Brown, Kythryn Carr Hurd, Susan Lewis Kaylor, Pam Garretson, Resa Downs, Janet Stackpole

<b>Line of Business</b>	<b>System of Care Planning &amp; Evaluation</b>
<b>Program</b>	<b>H. Service Provider Planning, Evaluation and System Quality Improvement</b> <b>**IN PROGRESS**</b>
Program Purpose Statement	The purpose of the Service Provider Planning, Evaluation and System Quality Improvement Program is to provide technical assistance, planning, analysis, evaluation and monitoring services to contract service providers so they can meet their contractual obligations and continuously improve their services.
Services that Comprise the Program	ProviderStat sessions, ASP/Budget Monitoring, performance-based contracting, Network Management, Provider outcomes and behavioral health data, fiscal data, Key Performance Indicators (KPI's), Consumer Satisfaction Survey data, Provider claims data and Business Analytic reports
Program Performance Measures	<p><b><u>Key Results:</u></b></p> <p>H1. 70% of providers in the ADAMH network of care will meet identified performance thresholds as outlined in the performance dashboard index.  <b>Output:</b> 41 ADAMH Providers  <b>Demand:</b> 41 ADAMH Providers</p> <p><b><u>Program Result:</u></b></p> <p>H2. 100% of Internal &amp; External Disaster Plans will be finalized by March 31, 2009 and testing and training will occur quarterly.  <b>Output:</b> 100% of Disaster Handbook completed/4 Disaster System tests completed  <b>Demand:</b> 100% of Disaster Handbook completed/4 Disaster System tests completed</p> <p>H3. 80% of the service delivery commitments at three Somali RFR funded programs will be achieved (i.e., Southeast – Trauma Services, Columbus Area – Outreach/Pre-screening, Rosemont - Mifflin School-Based).  <b>Treatment (Southeast):</b>  <b>Output:</b> 22 number of Somali individuals will receive mental health treatment services.  <b>Demand:</b> 27 number of Somali individuals are expected to seek mental health treatment services.</p> <p><b>Treatment (Rosemont):</b>  <b>Output:</b> 56 number of Somali families will receive mental health treatment services.  <b>Demand:</b> 70 number of Somali families are expected to seek mental health treatment services.</p>

	<p><b>Prevention (Columbus Area):</b>  <b>Output:</b> 80 Somali customers will keep pre-screening appt. with the program coordinator.  <b>Demand:</b> 100 Somali customers are expected to keep pre-screening appt. with the program coordinator.</p>
Responsible Employee(s)	<p>Dr. Kevin Dixon, Dean Kauffman, Joetta Roberts; Julie Erwin Rinaldi, Jonathan Wylly, Will Reeves, Michele Marian, John Logan, Willie Pinkins, Eve Fitch, Andrea Boxill, Carla Darnell, Nettie Ferguson, Ajamú Brown, Pam Garretson, Mark Lambert, Praj Samant, Sujatha Aroor, Claudia Freeman. Joe Florenski, Michael Smith, Janet Stackpole, <b>Stephanie Patrick</b>, Ron Kadylak, Heather Ward</p>

<b>Line of Business</b>	<b>System of Care Planning &amp; Evaluation</b>
<b>Program</b>	<b>I. Private/Public Funding</b>
Program Purpose Statement	The purpose of the private/public funding program is to provide grant seeking and technical assistance services to the ADAMH system so it can supplement the system's tax-supported budget through new funding sources.
Services that Comprise the Program	Community or system collaborations, grant proposals, technical assistance for contract service provider' grant-seeking efforts, grants management, support letters for community grant proposals, network publications, funder relationship-building sessions, program development
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>11. Submission of funding proposals will result in an increase in revenue to the ADAMH system of \$1,400,000.</p> <p><b>Output:</b> \$1.4 million in grants funding received.  <b>Demand:</b> \$1.4 million in grants funding received.</p> <p><b><u>Program Results:</u></b></p> <p>12. 100% of grants awarded to ADAMH will be managed to meet the requirements of the grantor by established deadlines.</p> <p><b>Output:</b> 10 grants managed.  <b>Demand:</b> 10 grants expected to be managed.</p> <p>13. 100% of requests for technical assistance from community partners will be handled within 7 business days.</p> <p><b>Output:</b> 120 requests handled within 7 business days.  <b>Demand:</b> 120 requests for technical assistance.</p>
Responsible Employee(s)	Ajamú Brown, Kathy Burns, Carla Darnell, Kevin Dixon, Nettie Ferguson, Eve Fitch, <b>Joe Florenski</b> , Brian Flowe, Pam Garretson, Elaine Haines, Phil Hedden, Kythryn Carr Hurd, Ron Kadylak, Dean Kauffman, Susan Lewis Kaylor, Mark Lambert, Chris Long, Stephanie Patrick, Julie Erwin Rinaldi, Cynthia Tanner Scott, Aimee Shadwick, Jonathan Wylly

<b>Line of Business</b>	<b>System of Care Planning &amp; Evaluation</b>
<b>Program</b>	<b>J. Adult Hospitalization Management</b>
Program Purpose Statement	The purpose of the Adult Hospitalization Management program is to provide clinical monitoring and oversight services to adults in need of hospitalization so they can receive clinically and culturally guided services, and cost effective treatment in a timely manner and in the least restrictive environment which is consistent with community safety and promotes recovery.
Services that Comprise the Program	Admission/discharge/continued stay reports; Re-admission reviews, hospital admission authorizations (private hospital contracts) & reports, residency dispute determination & reports, utilization review consultations & reports; Continuity of Care agreements, clinical/educational/media presentations, inpatient and outpatient civil commitment oversight; liaison services to medical community
Program Performance Measures	<p><b>Key Result:</b></p> <p>J1. 100% of the BHO bed day allocation (72 per day) for the calendar year 2009 will not be exceeded.</p> <p><b>Output:</b> 26,280 State BHO bed days <b>Demand:</b> 26,280 State BHO bed days</p> <p><b>Program Results:</b></p> <p>J2. Medicaid admissions to State BHOs will not exceed the current rate of 30%.</p> <p><b>Output:</b> 1,017 admissions with Medicaid expected. <b>Demand:</b> 1,017 total admissions expected to be required at state BHO.</p> <p>J3. 92% of clients hospitalized in a State BHO will receive a minimum of one treatment service while in the hospital from their identified lead provider.</p> <p><b>Output:</b> 1,017 consumers hospitalized in a State BHO <b>Demand:</b> 1,017 consumers hospitalized in a State BHO</p> <p>J4. Continued Stay Denial days at TVBH will be reduced by 50%.</p> <p><b>Output:</b> 1,564 CSD days expected without interventions. <b>Demand:</b> 1,564 CSD days were required in 2008.</p>
Responsible Employee(s)	Keith McCloud, <b>Stephanie Patrick</b> , Dr. Kathy Burns, Julie Erwin Rinaldi, Pam Garretson, Michael Smith, Janet Stackpole, Heather Ward, Jonathan Wyly, Mark Lambert, Chris Long, Ron Kadylak.

<b>Line of Business</b>	<b>System of Care Planning &amp; Evaluation</b>
<b>Program</b>	<b>K. Public Affairs</b>
Program Purpose Statement	The purpose of the Public Affairs Program is to provide community relations, public information and education services to all citizens of Franklin County so they can have positive opinions of publicly funded alcohol, other drug and mental health treatment and prevention programs and services.
Services that Comprise the Program	Community Impact Initiatives, Media Relations Contacts, Partnership Development Representations, Public Information Responses, Publications & Public Relations Tools, Speeches/Presentations, Special Events, Elected Official, Community Leader and Consumer Contacts, Stakeholder Outreach Contacts
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>K1. 55% of Franklin County citizens have positive opinions about the work of the ADAMH Board.</p> <p><b>Output:</b> 430,509 Franklin County registered voters have positive opinions about the work of ADAMH.  <b>Demand:</b> 782,743 registered voters in Franklin County</p> <p><b><u>Program Results:</u></b></p> <p>K2. 30% of earned media, advertising dollars and community events will focus on the culturally competent and culturally appropriate services available in the ADAMH system to minority/emerging populations.</p> <p><b>Output:</b> # of earned media, advertisements [print, radio, TV] and community events that focus on culturally competent and culturally appropriate services.  <b>Demand:</b> Total number of earned media, advertisements [print, radio, TV] and community events.</p> <p>K3. 90% of Franklin County media representatives who respond to the survey will report satisfaction with the ADAMH Public Affairs Department.</p> <p><b>Output:</b> # of Franklin County media representatives who report satisfaction with the ADAMH Public Affairs Department.  <b>Demand:</b> Total number of media representatives who respond to the survey.</p>
Responsible Employee(s)	Kathy Burns, Kevin Dixon, Julie Erwin Rinaldi, Susan Lewis Kaylor, Dean Kauffman, Stephanie Patrick, <b>Aimee Shadwick</b> , Alisha Wilkes, Jonathan Wyly

<b>Line of Business</b>	<b>Administrative/Leadership Support Services</b>
<b>Program</b>	<b>L. Human Resources &amp; Performance Management</b>
Program Purpose Statement	The purpose of the Human Resources Program is to provide employee training, ADAMH Board and system recruitment and recruitment strategies, consultation, compensation review, and benefits coordination services to improve retention and recruitment of system clinical staff and help ADAMH Board staff become more productive.
Services that Comprise the Program	Individualized and specialized group training coordination; employee and professional development; general staff and special activities coordination; intranet monitoring and compliance; employee satisfaction survey services; pre–employment recruitment, screening and testing services; claims and benefits support; general or specialized information sessions; HR administrative services; EEO and management reporting; employee/employer mediation, grievance and disciplinary services; personnel policy technical assistance; employee compensation review; performance management support services; EAP referrals; Strategic Business Plan monitoring; SBP performance reports; planning retreats; Board policies and procedures monitoring; switchboard/receptionist security and emergency monitoring; staff clerical support and meeting room coordination.
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>L1. 90% of Strategic Business Plan Key Results are achieved.</p> <p><b>Output:</b> 17 key results. <b>Demand:</b> 17 key results.</p> <p><b><u>Program Results:</u></b></p> <p>L2. 3% reduction in turnover among clinicians, case workers and psychiatrists as a result of recruitment and retention strategies developed.</p> <p><b>Output:</b> 16% turnover expected among clinicians, case workers and psychiatrists without interventions. <b>Demand:</b> 16% turnover among clinicians, case workers and psychiatrists in 2008.</p> <p>L3. The ADAMH System will increase the number of MSW’s in the system by enrolling at least 15 new students in the Fall, 2009 OSU/MSW program.</p> <p><b>Output:</b> 15 students expected to be enrolled. <b>Demand:</b> 30 interested students from ADAMH system.</p> <p>L4. 90% of internal customers will indicate that Human Resources support services helped them be more productive.</p> <p><b>Output:</b> 57 internal customers require Human Resources support.</p>

	<b>Demand:</b> 57 internal customer indicate HR services helped them be more productive
Responsible Employee(s)	<b>Bernadine Hunter</b> , Susan Lewis Kaylor, Teressa Dempsey, Julie Erwin Rinaldi, Kevin Dixon

<b>Line of Business</b>	<b>Administrative/Leadership Support Services</b>
<b>Program</b>	<b>M. Facilities/Equipment &amp; Support Services</b>
Program Purpose Statement	The purpose of the Facilities/Equipment & Support Services program is to provide facility management and support services to ADAMH staff so that they can function in a safe, healthy, well-equipped and technologically supportive work environment in order to achieve operational results.
Services that Comprise the Program	Facility administrative and management services; facility warning and security support services (alarm, security, staff fire/ front E.R./ weather-related drills); internal disaster and facility relocation planning (ADAMH & County-PFM); facility health/life/safety support services (inspection and information, testing, hazardous/toxic material disposal); energy consumption monitoring and other cost reduction services; equipment /furniture repairs, disposal, and purchase services; facility repair and maintenance services; delivery and pick-up services; building cleaning; parking lot management; annual facility project services; building inventory services; facility preparation and set-up services (rooms, AV systems, etc)
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>M1. 80% of the regularly scheduled facility projects and preventative maintenance activities will be successfully completed on-time.</p> <p><b>Output:</b> 52 of regularly scheduled facility projects expected.  <b>Demand:</b> 52 of regularly scheduled facility projects required.</p> <p><b><u>Program Results:</u></b></p> <p>M2. 85% of the internal facility safety and preparedness planning, and drill activities will be completed as-scheduled.</p> <p><b>Output:</b> 10 of internal facility safety preparedness activities expected.  <b>Demand:</b> 10 internal facility safety preparedness activities required.</p> <p>M3. 90% of all emergency building repairs will be completed within 1.5 business days, resulting in no interruption in staff functioning in a safe and healthy environment.</p> <p><b>Output:</b> 15 emergency building repairs expected.  <b>Demand:</b> 15 emergency building repairs required.</p> <p>M4. 100% of the identified Engagement Center maintenance activities, major (&gt;\$5,000) and minor (&lt;\$5, 000) will be completed on time.</p> <p><b>Output:</b> 4 Engagement Center activities expected.  <b>Demand:</b> 4 Engagement Center activities required.</p> <p>M5. 90% of internal staff indicates that Facilities helped them be more productive.</p>

	<p><b>Output:</b> 58 internal staff supported by Facilities. <b>Demand:</b> 58 internal staff required Facilities assistance.</p>
Responsible Employee(s)	<p><b>Donald Dennis</b>, Cynthia Tanner Scott, Brian Flowe, Jonathan Wylly, Resa Downs, Mark Lambert, Chris Long.</p>

<b>Line of Business</b>	<b>Administrative and Leadership Services</b>
<b>Program</b>	<b>N. Information Services Support</b>
Program Purpose Statement	The purpose of the Information Services Support Program is to provide Information service technologies and data support to ADAMH Board staff so they can optimally achieve performance goals in a timely manner.
Services that Comprise the Program	Application training, internal and external; Network backups, Decision support tools; Email system; Hardware and software upgrades; Help desk responses, Internet access, IT disaster recovery plan, IT strategic plan, Management Reports, Newly developed software applications, Phone system, IT Security policies & procedures, Intranet, FTP site, Crystal Reports, GIS mapping and ADAMH–Track
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>N1. 90% of the priorities identified by the IT Council will be completed on schedule so that the Board's performance goals are achieved in a timely manner.</p> <p><b>Output:</b> 50 priorities will be identified by the IT Council. <b>Demand:</b> 50 IT priorities.</p> <p><b><u>Program Results:</u></b></p> <p>N2. 90% of internal staff will indicate that Information Services Support helped them optimally achieve performance goals in a timely manner.</p> <p><b>Output:</b> 60 staff. <b>Demand:</b> 60 staff.</p> <p>N3. 90% of leadership staff will indicate that Information Services Support helped them make organizational decisions in a timely manner.</p> <p><b>Output:</b> 13 leadership staff. <b>Demand:</b> 13 leadership staff.</p> <p>N4. The technology services supported by the Information Services Team will be available 95% of the time so there is.</p> <p><b>Output::</b> 13 IT services available, 24 hours per day/ 7 days a week. <b>Demand:</b> 13 IT services expected to be available 24 hours per day / 7 days a week</p>
Responsible Employee(s)	Lida Cruz, Paula Brewer, Edna Rowe, <b>Michael Smith</b> , Ron Kadylak, Janet Stackpole, Jonathan Wyllly

<b>Line of Business</b>	<b>Administrative and Leadership Services</b>
<b>Program</b>	<b>O. Financial Management Services</b>
Program Purpose Statement	The purpose of the Financial Management Program is to provide timely and accurate financial information to stakeholders so that they can make well-informed decisions.
Services that Comprise the Program	Board actions, financial projections, service provider, capital & administrative budgets, financial statements, Audits, ADAMH management reports, fiscal policies & procedures, service provider financial management reports, purchase orders, invoices and vendor contracts, payroll services and State reports.
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>O1. 90% of the time the variance between the current year financial stressor projections and the revised 10–year financial model will be within 5%.</p> <p><b>Output:</b> 50 Financial Stressor Reports.</p> <ul style="list-style-type: none"> <li>• Levy Revenues</li> <li>• Levy Funded ADAMH Provider Service Expenditures</li> <li>• Medicaid Expenditures</li> <li>• MH Hospitalization</li> <li>• Levy Cash Balance (new for 2009)</li> </ul> <p><b>Demand:</b> 56 Financial Stressor Reports.</p> <p><b><u>Program Results:</u></b></p> <p>O2. 100% of the Internal Accounting Control Program (IACP) transaction cycles will result in no control deficiency as defined by Statement on Auditing Standards (SAS) 112.</p> <p><b>Output:</b> 15 tasks completed for # transactions cycles.  <b>Demand:</b> 15 tasks required for review within # transaction cycles.</p> <p>O3. 95% of all financial reports for non-administrative budget will be completed within the time frame the report is due or requested and made available to the stakeholders to help monitor ADAMH and provider services.</p> <p><b>Output:</b> 653 reports.  <b>Demand:</b> 653 reports.</p> <p>O4. 100% of board operation (ADAMH Administrative Budget) financial reports will be completed within first 5 business days of the month (for monthly senior staff meetings).</p> <p><b>Output:</b> 47 reports.  <b>Demand:</b> 47 reports.</p>

Responsible Employee(s)	Dr. Kevin Dixon, Bernadine Hunter, Dean Kauffman, Susan Lewis Kaylor, Dr. Kathy Burns, Julie Erwin Rinaldi, David Royer, Jonathan Wylly, Carolee Spencer, Cynthia Tanner Scott, <b>Sujatha Aroor</b> , Brian Flowe, Willie Pinkins, Louisa Price, John Logan, Shawn Jones, Chris Long, Mark Lambert, Michael Smith, Aimee Shadwick.

<b>Line of Business</b>	<b>Administrative &amp; Leadership Services</b>
<b>Program</b>	<b>P. Business Services</b>
Program Purpose Statement	The purpose of the Business Services Program is to provide payment to ADAMH providers so that they can receive accurate and timely reimbursement.
Services that Comprise the Program	Services to providers: Provider payments, Electronic file exchanges, Processed claims, claims reports & claims corrections, New member enrollments & eligibility determinations, ADAMH–Track & MACSIS Hotline responses, MACSIS/Finance Provider Trainings, MACSIS Provider Manual, Funding Allocations, Approved Agency Services Plans and Budgets, Executed Contracts, ADAMH unit rates in MACSIS
Program Performance Measures	<p><b><u>Key Result:</u></b></p> <p>P1. 98% of Medicaid and ADAMH Services Claims Reimbursement Funds are paid within 60 days of receipt of their claims files.</p> <p><b>Output:</b> \$110,814,152 of Medicaid and ADAMH Claims paid.  <b>Demand:</b> \$110, 814,152 of Medicaid and ADAMH Claims require payment.</p> <p><b><u>Program Results:</u></b></p> <p>P2. 95% Block Grant Funds are paid to providers within 10 business days of receipt of a valid payment request.</p> <p><b>Output:</b> \$21,112,408 of Block Grant Funds paid.  <b>Demand:</b> \$21,112,408 of Block Grant Funds require payment.</p> <p>P3. 96% of the time manual member enrollments are returned to providers within 10 business days</p> <p><b>Output:</b> # of manual member enrollments completed.  <b>Demand:</b> # of manual member enrollments expected to be required.</p> <p>P4. 100% of KY 2010 ADAMH Service Provider contracts will be executed by December 31, 2009.</p> <p><b>Output:</b> 41 ADAMH Service Provider contracts executed.  <b>Demand:</b> 41 ADAMH Service Provider contracts expected to be required.</p>
Responsible Employee(s)	Sujatha Aroor, Mary Batin, Marva Bibb–Truss, Ajamú Brown, Kathy Burns, Lida Cruz, Carla Darnell, Nettie Ferguson, Brian Flowe, Claudia Freeman, Pam Garretson, Monique Hindriks, Mariko Jones, Shawn Jones, Ron Kadylak, Mark Lambert, John Logan, Chris Long, Alfreda Miller; Willie Pinkins, Louisa Price, Julie Erwin Rinaldi, Edna Rowe, <b>Cynthia Tanner Scott</b> , Michael Smith, Carolee Spencer, Janet Stackpole, Deborah Underwood, Heather Ward, Jonathan Wylly