




















**2010 MANAGING FOR RESULTS
CLOSE-OUT REPORT
PROGRAM RESULTS**

#	RESULT	DESCRIPTION	YEAR-END RESULT	FINAL STATUS Green, Red	MILESTONES
A1	ADULT MENTAL HEALTH RECOVERY MEASURES	80% of adults with mental illness or co-occurring mental illness and substance abuse disorders will experience improvement or continued stability in at least one of these recovery measures: reduction of symptoms and problems; quality of life; or social connectedness.	83% of all MH Adults		Consumer satisfaction remains high More than 91% report the services they received helped them deal more effectively with their problems.
A2	MENTAL HEALTH FUNDS	75% of ADAMH mental health funds for adults will be used for persons with severe mental illness.	79%		After a 26% cut in discretionary funding, ADAMH and providers successfully prioritized access for uninsured consumers with the most acute clinical status and most severe disabilities. Providers are accepting <u>all</u> referrals of uninsured consumers who are stepping down from multi-day crisis holdover, Crisis Stabilization Unit, and state and private psychiatric hospitals.
A3	EMPLOYMENT, VOCATIONAL & EDUCATIONAL PROGRAMS	70% of the clients participating in ADAMH-funded employment, vocational, and educational programs will meet the priority criteria of having severe mental illness.	71%		Up from 65% in 2009 and 64% in 2008.
A4	SMI MEDICAID COVERAGE	60% of adults with severe mental illness will have Medicaid coverage.	66%		Up from 60% in 2009 and 58% in 2008.
A5	NETCARE CRISIS EPISODES (SMI ADULTS)	90% of linked adults with severe mental illness will experience less than 3 crisis episodes at Netcare.	94%		Providers continue to work with consumers proactively, intervening before problems escalate and developing crisis plans to guide care during psychiatric emergencies
A6	IDDT/ACT HOSPITALIZATION	65% reduction in state hospitalization for consumers participating in IDDT/ACT teams for at least two years.	71%		We have four IDDT-ACT Teams at Columbus Area, North Central,







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A7	IDDT/ACT RECOVERY MEASURES	80% of the consumers participating in the IDDT/ACT Teams for at least 6 months will experience improvement or continued stability in at least one of these recovery measures: reduced private hospitalization; reduced incarceration; improved housing independence; competitive employment; substance abuse stage of treatment; or mental health stage of treatment.	99%		<p>Southeast and Twin Valley-Community Support Network.</p> <p>Of the 299 active consumers, 265 have been on a team for at least 12 months and 230 have been on a team for at least 24 months.</p> <p>IDDT-ACT Team members also experienced a:</p> <ul style="list-style-type: none"> ▪ 57% reduction in crisis episodes at Netcare ▪ 29% reduction in supervised residential care.
B1	AOD RECOVERY MEASURES	85% of adults receiving abstinence-based AOD treatment (non-medically assisted services) will show improvement in at least four of the following areas of recovery: family/social relationships; criminal justice (reduction); alcohol use (reduction); drug use (reduction); psychological problems; health; employment.	90%		Outcomes results remain high for customers in the major areas of recovery, and have been stable over the past several years.
B2	MEDICALLY ASSISTED TREATMENT SERVICES	90% of consumers who receive medically assisted treatment services (methadone and Buprenorphine only) will show improvement/stability in at least four identified measures of recovery: family/social relationships; criminal justice (reduction); alcohol use (reduction); drug use (reduction); psychological problems (reduction); health; employment.	93%		Outcomes results remain high for customers in the major areas of recovery, and have been stable over the past several years.
B3	SUB-ACUTE DETOX SERVICES	70% of consumers receiving sub-acute detoxification services from Maryhaven will receive a face-to-face AOD service from an ADAMH service provider within 7 days of discharge.	60%		The Subacute Detox result has moved from 56% to 60% in the past two years. Even though this represents steady upward movement a revised result was developed for 2011 MFR that measures both immediate linkage and continual treatment.
B4	ENGAGEMENT CENTER SERVICES	55% of consumers receiving Engagement Center services will receive a face-to-face AOD service within 7 days of discharge.	45%		While we did not meet the desired %, this is a steady improvement over previous years.






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B5	AMBULATORY DETOX SERVICES	20% of consumers receiving ambulatory detoxification services from Maryhaven will receive a face-to-face AOD service from an ADAMH service provider within 7 days of discharge.	26%		Most of the clients that leave Sub-acute Detox go directly to Ambulatory Detox for continual treatment.
B6	STATE HOSPITAL/ MARYHAVEN LINKAGE	3% of consumers discharged from a state regional psychiatric hospital will receive an assessment service from Maryhaven.	3%		The % of consumers discharged needing an assessment for alcohol and/or drug treatment has remained stable over the years.
B7	CRIMINAL JUSTICE INVESTMENT	33% of ADAMH AOD funding for adults will be invested in services and supports for persons involved in the criminal justice system.	54%		The % of investment in criminal justice has been increasing steadily since we began monitoring and asking providers to designate all clients with criminal justice involvement. This should level out in future years.
C1	KIDS RECOVERY MEASURES	75% of children and adolescents receiving treatment will experience improvement or continued stability in at least one of these recovery measures: reduction of problems (symptoms); functioning; or social connectedness.	87%		Outcomes results remain high for customers in the major areas of recovery, and have been stable over the past several years.
C2	NETCARE CHILD/ADOLESCENT CONTRACT	100% of the children served by the Netcare Child and Adolescent Hospital Contract will have a Medicaid application completed and processed.	100%		All children and families receive a Medicaid application and are appropriately processed. This results in substantial reduction in the need for ADAMH dollars.
C3	KIDS MENTAL HEALTH FUNDS	80% of ADAMH mental health funds for youth will be used for persons with a severe emotional disturbance.	78%		The vast majority of ADAMH mental health funds are used for services to children with severe emotional disturbance (SED).
C4	MEDICAID FOR SED KIDS	85% of children and youth with a severe emotional disturbance will have Medicaid coverage.	88%		The % of Medicaid coverage has continued to increase every year.
C5	RESIDENTIAL TREATMENT	5% reduction in the number of youth placed in residential treatment.	12% reduction		This is a significant reduction in youth placed, considering the system is reporting increased acuity of problems in youth served.







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C6	OUT OF COUNTY LENGTH OF STAY	16% reduction in the median length of stay of youth placed in out-of-county treatment facilities.	31% increase		
C7	DISCRETIONARY RESOURCE SAVING (RESIDENTIAL TREATMENT)	5% of local discretionary resources will be saved, as a reduction in number of youth placed and decreased length of stay in a residential treatment facility.	24.7% reduction		Total paid for youth in placement was reduced from just over \$9 million in 2009 to below \$7 million in 2010.
D1	PREVENTION PROGRAM ASSESSMENTS	100% of the prevention programs will be defined by cost, the number of people served, and outcomes in order to assess the cost efficiency and effectiveness of the programs.	100%		A prevention quality improvement indicator instrument was developed and implemented for 2011 with baseline data in 2010. There are five major indicators of performance and need that will be monitored for performance and integrated into our performance dashboard for all providers.
D2	PREVENTION POPULATION CATEGORIES	100% of the AOD and mental health prevention providers will categorize their populations served by established levels of risk.	100%		See above. There are two major indicators of need and level of risk incorporated in the new dashboard for prevention programs.
D3	PREVENTION COMMUNITY PROFILES	100% of our prevention providers will compile community profiles of the neighborhoods they are serving by using ADAMH key indicators.	100%		Same as above. This information uses the Columbus Public Schools data and poverty indicators for each school area.
E1	INFORMAL COMPLAINTS	95% of informal complaints filed with ADAMH will be resolved within five working days.	95%		Protocols shared with Client Rights Officers for resolving complaints. ADAMH's Client Advocate has developed good relationships with provider Client Rights Officers through bi-monthly meetings at ADAMH and technical assistance.







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E2	FORMAL GRIEVANCES	80% of formal complaints (grievances) filed with ADAMH will be resolved within 20 working days (MH) or 21 calendar days (AOD).	63%		There were only 8 formal grievances in 2010; one agency responded to the grievances late, which affected the yearend result. A meeting was held with agency CEO and clinical director for implementing an agreed upon corrective plan of action.
E3	PEER CENTER/ PARTNERS SERVICES	90% of enrolled adults with SMD who receive services from the P.E.E.R. Center and Partners will report that those services helped them deal more effectively with their problems.	94% PEER Center 92% Partners		89 Surveys Administered at The PEER Center (goal was 80-90) A smaller sample was administered for Partners.
F1	RESIDENTIAL CARE CONSUMERS	75% of identified residential consumers will be housed at a facility that meets their appropriate level of service need.	77%		Good movement out of Residential Care Facilities with 116% turnover rate.
F2	HOUSING FIRE/SAFETY	100% of designated housing units will be in compliance with fire and life safety standards.	100%		New method implemented to ensure compliance with fire & life safety standards.
F3	HOUSING SUBSIDY CLIENTS	83% of consumers on a temporary subsidy will be moved off within 120 days.	64%		YMCA subsidy exceeded goal at 86%. ADAMH subsidy slightly under at 78% due to freeze on CHMA vouchers January to April. HPRP percent low (38%) due to freeze on CHMA vouchers plus spending guidelines on stimulus funds. HPRP objective in 2011 will be to move individuals on to a permanent subsidy.







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F4	NEIL AVENUE OCCUPANCY	87% occupancy rate will be attained in the Neil Avenue Transitional Youth Program.	75%		High turnover due to putting the wrong type of person in the units. One unit with excessive damage took a while to renovate. New target population resolved, improvement seen in current residents.
G1	PROVIDER PERFORMANCE THRESHOLDS	70% of providers in the ADAMH network of care will meet identified performance thresholds as outlined in the performance dashboard index.	94%		
G2	PROVIDER DISASTER PLANS	100% of treatment service providers will have an internal disaster plan approved by ADAMH.	100%		
G3	NEW CLIENTS	33% of all clients receiving treatment services will be new clients.	28.5%		This was the first year for monitoring this result, and there was a slight downturn from previous years, most likely due to funding reductions since 2009. Total new clients, never before seen in our system, still exceed 10,000.
G4	RE-ENTERING CLIENTS	22% (or fewer) of all clients entering treatment services will be readmitted clients	25.3%		This was the first year for monitoring this result. Readmitted clients do not necessarily mean a negative previous treatment result, and may be positive in terms of people seeking treatment when needed.
H1	FUNDING PROPOSALS	\$1.4 million increase in revenue from submission of funding proposals.	\$2,251,457		System Projects: <ul style="list-style-type: none"> • Columbus Area – Succeeding at Home • COVA – Pathways II • COVA – VRP3 • Dublin Counseling SAMHSA • Maryhaven Engagement Center











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H2	INTER-SYSTEM COLLABORATIONS	\$500,000 increase in revenue for behavioral healthcare services and support for youth and families from intersystem collaborations with local partners.	\$587,425		Service Models: <ul style="list-style-type: none"> • CALL • MDFT (Multidimensional Family Therapy) • MTFC (Multidimensional Treatment Foster Care) • Psychological Evaluations
I1	RPH MEDICAID ADMISSIONS	15% or fewer admissions to state regional psychiatric hospitals will have Medicaid as their payor source.	25% (increase)		Continued daily Bed Board call with Netcare, Private Hospitals and TVBH successful at overall reduction in insured client admission to State BHOs
I2	CONTINUED STAY DENIALS	50% reduction in days that clients are hospitalized after being determined clinically appropriate for discharge at Twin Valley Behavioral Health.	127%(increase)		Development of ADAMH Continued Stay Denial Hospital Incentive Mgt Plan.
I3	TVBH LENGTHS OF STAY	55% of Franklin County admissions to State Regional Psychiatric Hospitals will not exceed the median length of stay of 14 days.	48%		Continued weekly UM at TVBH ADAMH participation on TVBH 30-day re-admission case conferences. TVBH remains State BHO with lowest length of stay in Ohio
I4	NETCARE/RPH ADMISSIONS	8% or fewer of crisis episodes at Netcare will result in admissions to state regional psychiatric hospitals.	6.79%		Continued mgt. of local admissions to State BHOs and Private Hospitals through daily Bed Board Call Increase in Netcare clients admitted to Maryhaven sub acute detoxification services places clients in appropriate services and increases service efficiencies
I5	MARYHAVEN/NETCARE LINKAGE	12% or more admissions to Maryhaven's ambulatory and sub-acute detoxification programs will be priority referrals from Netcare.	24%		Creation of Daily Detox Bed "slot" for Netcare referral priority access results in significant increase in percentage of Netcare referred admissions to Detox




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I6	ACUTE FOLLOW-UP SERVICES	80% of admissions discharged from acute levels of care will receive follow-up services from ADAMH network providers within the contractual timeframes.	55.61%		<p>Newly monitored linkage rates for ADAMH priority referrals:</p> <ul style="list-style-type: none"> • Netcare multi-day holdovers (improved linkage rates from 2008-2010) • Private Hospital discharges(increased focus in 2011 to improve linkage rates) • BHO Discharges(continued stability of linkage rates achieved)
J1	COMMUNITY SURVEY	75% of Franklin County citizens who respond to the Public Affairs survey will indicate awareness of ADAMH.	79%		Developed web based survey that can be distributed throughout Franklin County.
J2	PUBLIC AFFAIRS SERVICE	90% of Franklin County citizens who respond to the Public Affairs survey will indicate that the public affairs service they experienced contributed to an increased awareness of ADAMH.	81%		Successfully placed 49 stories in local media outlets.
J3	COMMUNITY RELATIONS SERVICE	90% of Franklin County citizens who respond to the Public Affairs survey will indicate that the community relations service they experienced contributed to an increased awareness of ADAMH.	79%		Successfully scheduled 36 community presentations and participated in 23 community health fairs and/or events.
J4	FAITH-BASED COMMUNITY AWARENESS	80% of the targeted faith-based leaders will indicate increased awareness of ADAMH.	100%		<p>Successfully held two faith leader trainings: Alcohol and Other Drug Addiction Training and Mental Health Training for over 40 local faith organizations in Franklin County.</p> <p>Developed Faith Leaders Advisory Panel to assist in planning for 2011.</p>
K1	INTERNAL CORE TRAININGS	100% of identified staff will attend all organizational core training and the training will be delivered according to a developed schedule.	97%		




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K2	RECORDS MANAGEMENT	100% of the physical documents identified as public records during a content analysis will undergo workflow mapping in preparation for a new records management system.	94%		Established standing workgroup; submitted new schedule, which was approved by the local & state records commissions
K3	POLICIES & PROCEDURES NAVIGATION	100% of ADAMH's fiscal, HIPAA, organizational, and personnel policies and procedures will be uniformly reformatted so that employees can easily navigate them.	100%		
K4	ADAMH DISASTER PLAN	100% of updates and revisions needed in ADAMH's Internal Disaster Plan will be completed by December 31, 2010.	50%		TENS training Tabletop Exercise
L1	FACILITIES PROJECTS	80% of the facility projects and preventative maintenance activities will be successfully completed on time.	98%		55 planned projects and maintenance activities were completed.
L2	INTERNAL FACILITY SAFETY	100% of the internal facility safety and preparedness planning, and drill activities will be completed as-scheduled.	100%		No findings from safety inspections (Fire Marshall, State Inspectors)
L3	EMERGENCY BUILDING REPAIRS	90% of all emergency building repairs will be completed within 2 business days, resulting in no interruption in staff functioning in a safe and healthy environment.	100%		The number of emergency repairs completed (24) was significantly higher than anticipated (10).
L4	ENGAGEMENT CENTER MAINTENANCE	100% of the identified Engagement Center maintenance activities will be completed on time.	100%		Flooring and a new security system were installed with the help of a City of Columbus & Community Shelter Board grant.
L5	ENERGY CONSUMPTION	5% reduction in annual energy consumption.	8.4% average reduction in annual energy consumption		12.4% reduction in natural gas; 10.2% reduction in water; 2.5% reduction in electricity
M1	IT COUNCIL PRIORITIES	90% of the priorities identified by the IT Council will be completed on time.	N/A		Only the IT Disaster Plan was completed
M2	HELP DESK REQUESTS	90% of helpdesk requests are completed within the due date.	92.42% of help desk requests were completed on time.		488 help desk requests were successfully worked




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M3	DATA WAREHOUSE FILES	90% of source data files will be uploaded and summarized in the data warehouse within 3 days of receipt to be available for reporting.	98% of source files were uploaded w/in three days of receipt.		303 extract files were processed into the data warehouse
M4	EXTRANET SERVICES	100% of in and out of county providers will utilize ADAMH's secure extranet services.	100% of providers were moved to the extranet		Both in-network and out-of-network providers are using the extranet to exchange files and information with ADAMH.
N1	DISCRETIONARY PROVIDER EXPENDITURES	100% of the provider expenditures for discretionary allocations will be evaluated monthly to ensure that the prorated YTD service activity is within 5% of the expected volume.	56% (pre-reconciliation)		<p>This result made all the contract providers aware of the board monitoring the service activity for the discretionary allocations on a monthly basis.</p> <p>Board was able to notify providers if they were under or over earning, which facilitated monitoring.</p> <p>In aggregate, providers requested 103% of their 2010 discretionary allocations.</p> <p>23% of Providers requested less than 95% of their 2010 discretionary allocations.</p> <p>56% of Providers requested between 95% and 105% of their 2010 discretionary allocations.</p> <p>21% of Providers requested more than 105% of their 2010 discretionary allocations.</p>



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N2	INTERNAL CONTROL DEFICIENCIES	90% of internal control deficiencies will be corrected within 60 days of the internal auditor's report.	63%		Enabled the board to correct, modify and add new fiscal policies when deficiencies found.
N3	NON-ADMINISTRATIVE BUDGET REPORTS	95% of all financial analytic reports for contract services will be completed on time.	100%		Helped ADAMH Stakeholders by making the financial reports available in a timely manner.
N4	BOARD OPERATIONS REPORTS	100% of all financial analytic reports for ADAMH board operations will be completed within the first five business days of the month.	100%		Helped ADAMH senior staff by making the financial reports available in a timely manner.

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N5	PRIORITY POPULATIONS EXPENDITURES	100% of the priority provider population expenditures will be evaluated monthly to ensure that the prorated YTD service activity is within 5% of the approved budget.	24% (pre-reconciliation)		<p>This result made all the contract providers aware of the board monitoring the service activity for priority populations on a monthly basis.</p> <p>Board was able to notify providers if they were under or over earning, which facilitated monitoring.</p> <p>In aggregate, provider service activity for priority populations was 103% of their approved budgets.</p> <p>31% of Providers submitted priority population service activity that was less than 95% of their 2010 approved budget.</p> <p>24% of Providers submitted priority population service activity that was between 95% and 105% of their 2010 approved budget.</p> <p>45% of Providers submitted priority population service activity that was more than 105% of their 2010 approved budget.</p>
O1	CLAIMS REIMBURSEMENT	98% of Medicaid and ADAMH Services claims reimbursement funds are paid within 60 days of receipt of their claims files.	100%		Ensured timely reimbursement to providers.
O2	BLOCK GRANT FUNDS	95% block grant funds are paid to providers within 10 business days of receipt of a valid payment request.	100%		Ensured timely reimbursement to providers.

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O3	MEMBER ENROLLMENTS	98% of the time manual member enrollments are returned to providers within 8 business days.	100%		Ensure timely member enrollments thus enabling providers to enroll members into MACSIS.
O4	ASP/BUDGET/CONTRACT ACTION PLAN	100% of the steps in the ASP/budget/ contract action plan will be executed on time.	60%		53% of Provider Contracts were executed by 12/31/10. 92% of Provider Contracts were executed before the first 2011 claims were scheduled to be paid.