

ADAMH Board of Franklin County 2011 Performance Plan



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ADAMH BOARD OF FRANKLIN COUNTY

2011 PERFORMANCE PLAN

INTRODUCTION

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

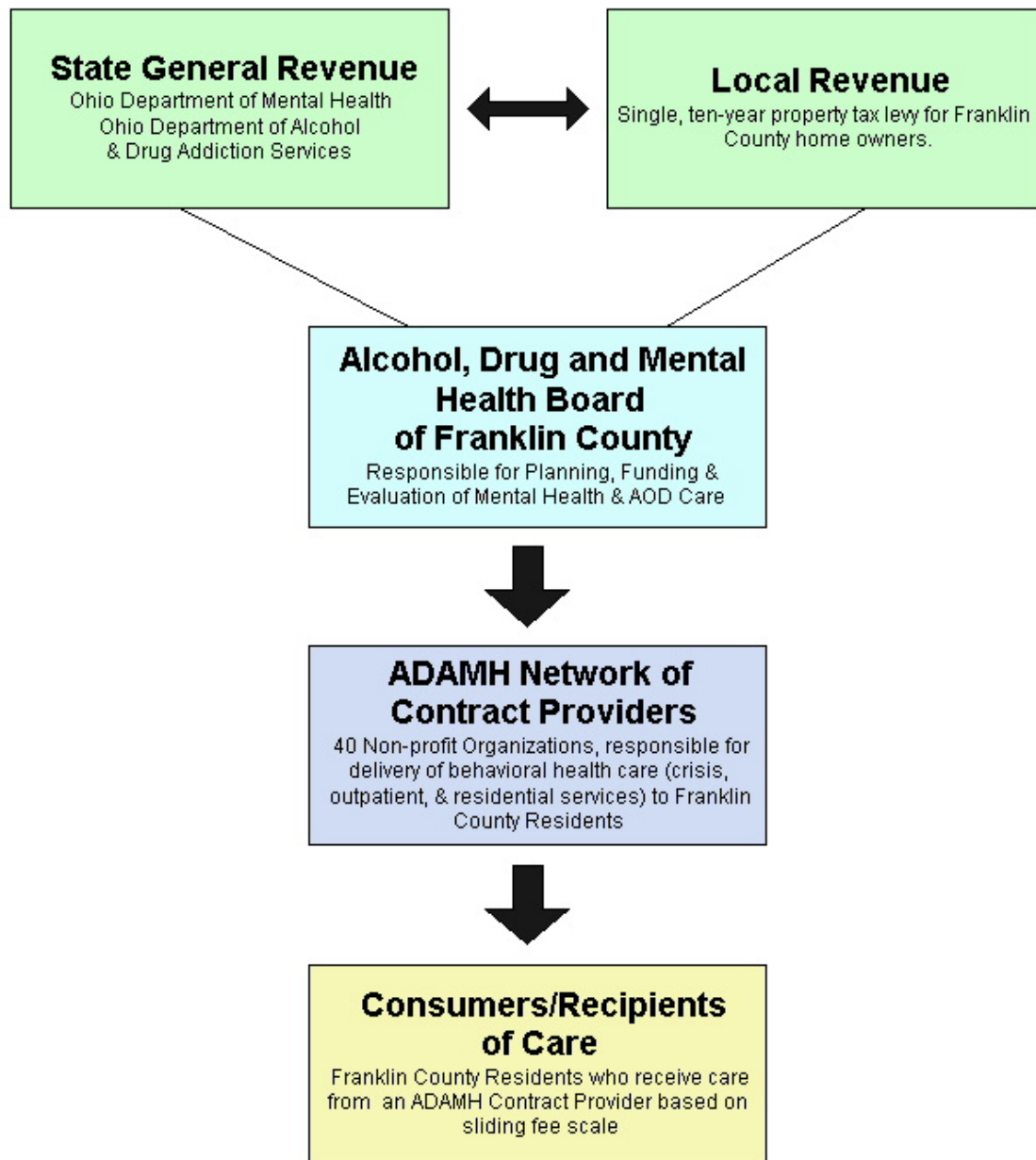
The ADAMH Board of Franklin County is the planning entity that is responsible for funding and evaluating the needs for publicly funded mental health and alcohol and drug treatment services. ADAMH does not provide any direct service, but instead contracts with more than 40 non-profit community experts that deliver quality care. This strategic performance plan is designed around the customers that we serve. Each program result is designed to measure the most important aspect of ADAMH's statutory responsibilities with a focus on recovery and the belief that treatment does work.

ADAMH's Managing For Results performance system is designed to ensure that public resources are used in the most efficient and effective manner to serve as many consumers as possible with quality alcohol/drug and mental health treatment and prevention services. Services are funded by a combination of state, federal 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.

Please note: Results with an asterisk (**) indicate that they are new to the 2011 Performance Plan. All other results are continuation measures that were approved in the 2010 Performance Plan.

ADAMH System of Care



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.

MISSION STATEMENT

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.

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

How are the Strategic Results Created?

Every three to five years the ADAMH Board of Trustees close out the previous strategic results and set the new over-arching strategic 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. Strategic results may take the entire five years to work on incrementally and provides a guidepost to allocate staff and funding resources.

2010-2015 STRATEGIC RESULTS

Access to Service	By January 2015, ADAMH will seek to ensure access to service for non-Medicaid individuals to help achieve identified outcomes and recovery.
Community Support	By January 2015, Franklin County residents will sustain their support of the ADAMH system of care as evidenced by continuing financial support for the Board’s mission.
Discretionary Resources	By January 2015, ADAMH will protect local discretionary resources needed for increased demand for service.
Expanded Revenue	By January 2015, ADAMH will expand sources of revenue for local behavioral healthcare services and supports.
Service Delivery	By January 2015, ADAMH will streamline service delivery to increase system efficiencies and sustain clinical quality and cultural competency through performance accountability.

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 O'Malley [now Governor O'Malley] began running the entire city of Maryland based on the highly successful Comp Stat model that turned around New York City's crime rate by tackling crime problems precinct by precinct.

Two accountability systems are used to manage performance of both internal and external objectives:

- **ADAMH-STAT** is the internal performance platform that monitors all of the results in the annual MFR Performance Plan under each of the three lines of business. 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.
- **Provider-STAT** is the external performance platform that monitors ADAMH's \$139 million investment of state, federal and local funds in contract [provider] services. ADAMH contracts with more than 40 non-profit organizations that deliver mental health and alcohol/drug treatment to 35,000 consumers in Franklin County 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. Provider-STAT presentations occur on an annual basis with the non-profit CEO's and key staff members. Key Performance Indicators that are reviewed include: financial performance, system quality (outcomes, clinical quality, access to services, and average cost of services), access to services, customer satisfaction and contract compliance.

BUSINESS ENVIRONMENT

Consumers:

1. Changing community demographics and continuing severe economic impact will challenge ADAMH to provide culturally competent services delivered by culturally capable professionals that address the following socioeconomic and health factors:
 - Rising unemployment and associated fall-outs
 - Increased poverty
 - Children and families at risk
 - Emerging immigrants
 - Stigma
 - Aging population
 - Integration of ex-offenders into community
 - Increasing acuity of consumers at time of entry into system
2. An increasing number of informed consumers and families may demand ADAMH meet their expectations from the public system of care

Providers:

1. Ability of providers to meet the changing demands of consumers is challenged by:
 - Severe reductions in local and state revenues while business expenses and demand for quality services continues to rise
 - Shrinking workforce due to lack of resources
 - An insufficient cultural diversity in the workforce
2. Sustainability of the current provider system in light of fewer resources for both:
 - Medicaid providers
 - Non-Medicaid providers

System:

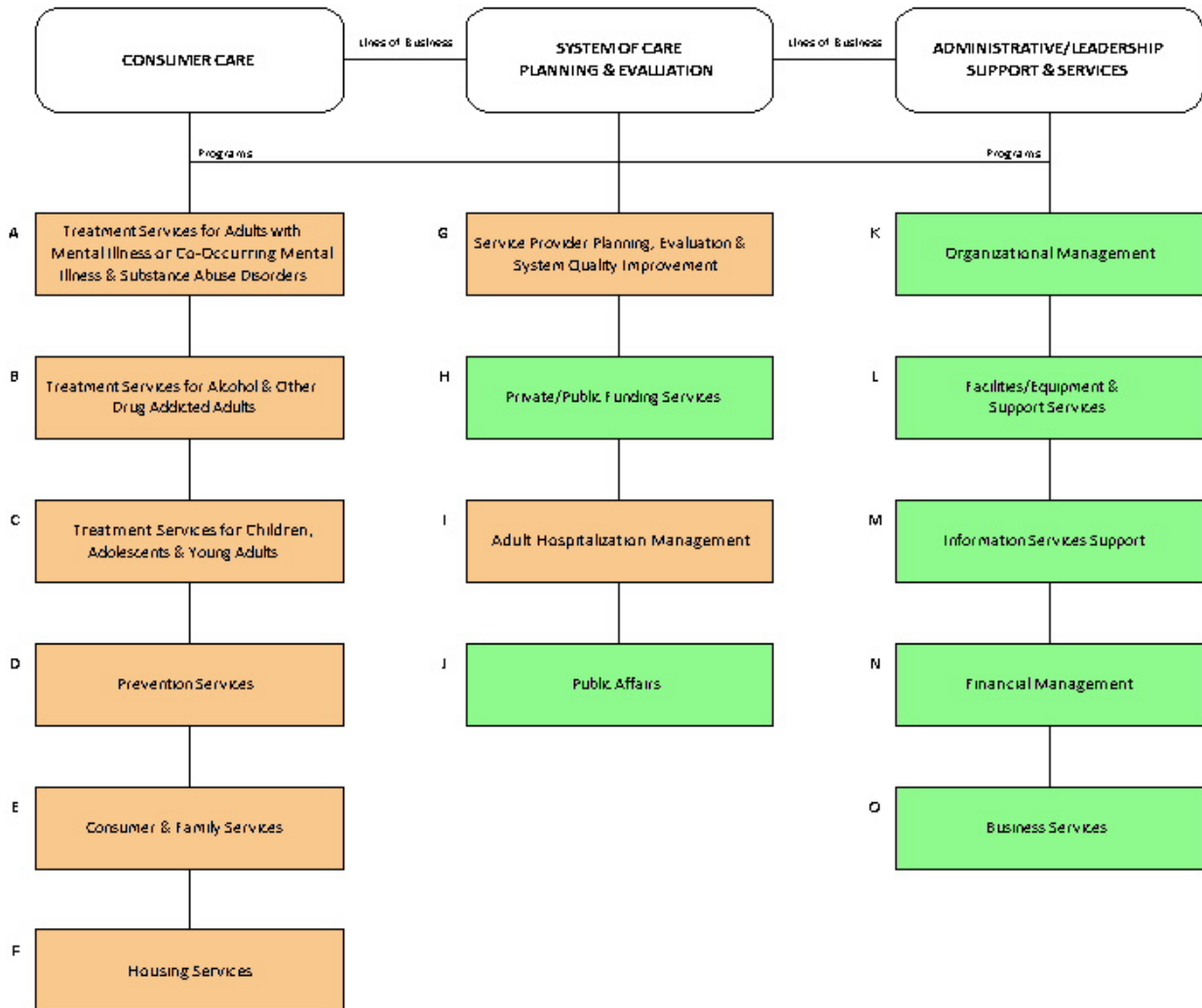
1. Erosion of discretionary funds (resources available) due to:
 - Growth of Medicaid at unplanned rate
 - Reduction in local levy funds due to slowed housing starts or de-valuation of property
 - Elimination of state GRF funds as a result of economic recession
 - Growth in state hospitalization costs at unplanned rate
 - Phase out of federal stimulus dollars
2. Increase proportion of consumers who are Medicaid eligible will:
 - Require local board to re-define its relationship with the Medicaid program
 - 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

3. Implication of new federal health care reform unknown
4. An increasing number of community partners will demand ADAMH meet their expectations from the public system of care

Community:

1. Uncertainty of community support of the ADAMH System's shrinking safety net due to reduced local discretionary resources
2. Changing community expectations of priority prevention and treatment services that will be available within the new business environment
3. Increased advocacy from and for Consumers and family members for vital services

MANAGING FOR RESULTS PERFORMANCE STRUCTURE



Green: Administrative Services By ADAMH.

Orange: Internal Services by ADAMH to Fund, Monitor, and Evaluate External Contract Services.

How are the Operational Results Created?

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

Business Intelligence is the processes, tools and technologies required to turn data into information and information into knowledge and plans that drive effective business activity¹. ADAMH's MFR Performance System is built on a data warehouse and data mart, which consolidate data from multiple sources into a single repository that is used for reliable analysis and reporting. ADAMH'S data warehouse is a compilation of more than 16 million behavioral healthcare claims for more than 180,000 consumers that allow for mining of service patterns and trends and outcomes of services rendered. All the data is protected under HIPAA privacy and security policies.

The MFR Performance Plan runs from January – December based on the calendar year timeframe. Through a facilitated process, the previous year's results are closed out and new operational results are developed that align to the strategic results of the performance plan that are set by the Board of Trustees. The proposed operational results are presented to the Board of Trustees in the first quarter of a calendar year, generally in February or March. Once approved by the Board of Trustees, the plan becomes 'final' and can only be changed with approval from the CEO.

¹ Definition according to The Data Warehouse Institute.

OPERATIONAL RESULTS – EXECUTIVE SUMMARY

Consumer Care Line of Business

Purpose: To provide behavioral health services to adults, older adults, and children/adolescents so they can live, work, learn, and participate in their communities.

<i>Program</i>	<i>Key Result</i>
Treatment Services for Adults with Mental Illness or Co-Occurring Mental Illness and Substance Abuse Disorders	60% of adults with mental illness or co-occurring mental illness and substance abuse disorders will experience improvement or continued stability in at least two of these recovery measures: reduction of symptoms and problems; quality of life; or social connectedness.
Treatment Services for Alcohol & Other Drug Addicted Adults	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.
Treatment Services for Children, Adolescent & Young Adults	80% 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.
Prevention Services	75 % of Prevention Providers in the ADAMH network of care will meet identified performance thresholds as outlined in the performance dashboard index.
Consumer & Family Services	95% of informal complaints filed with ADAMH will be resolved within five working days.
Housing Services	80% of identified residential consumers will be housed at a facility that meets their appropriate level of service need.

System of Care Planning and Evaluation Line of Business

Purpose: 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.

<i>Program</i>	<i>Key Result</i>
Service Provider Monitoring	70% of providers in the ADAMH network of care will meet identified performance thresholds as outlined in the performance dashboard index.
Private/Public Funding Services	\$1.4 million increase in revenue from submission of funding proposals.
Adult Hospital Management	20% or fewer admissions to state regional psychiatric hospitals will have Medicaid as their payor source.
Public Affairs	75% of Franklin County citizens who respond to the Public Affairs survey will indicate awareness of ADAMH.

Administrative/Leadership Support & Services Line of Business

Purpose: To provide organization management, facilities and equipment services, information services, and financial management to ADAMH Board of Trustees and staff so they can achieve their goals and fulfill the Board’s mission.

Program	Key Result
Organizational Management	75% of ADAMH staff will indicate that their work related interactions with other ADAMH staff members helped them become more productive.
Facilities/Equipment & Support Services	80% of the facility projects and preventative maintenance activities will be successfully completed on time.
Information Services Support	95% of open IT helpdesk requests will be aged less than 15 business days.
Financial Management	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.
Business Services	98% of Medicaid and ADAMH Services claims reimbursement funds are paid within 60 days of receipt of their claims files.

CONSUMER CARE PROGRAMS

TREATMENT SERVICES FOR ADULTS WITH MENTAL ILLNESS OR CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS

Performance Category: Internal Services by ADAMH to Fund, Monitor, and Evaluate External Contract Services.

Purpose Statement:

The purpose of Treatment Services for Adults with Mental Illness or Co-Occurring Mental Illness and Substance Abuse Disorders is to provide behavioral health treatment and support services through the provider network to adults experiencing mental illnesses so they can live, work, learn, and participate in their community.

Program Services:

AOD detoxification, residential services, intensive outpatient, outpatient, and crisis services
Assertive community treatment interventions
Community psychiatric support services
Consumer operated centers and peer support services
Counseling and psychotherapy sessions
Crisis intervention, physician-ordered holdover, crisis stabilization, and hospital diversion services
Diagnostic assessments
Integrated dual diagnosis treatment interventions
Outreach and engagement services
Pharmacologic management interventions and psychotropic medications
Residential care stays
Vocational, employment, and educational services

Program Lead:

Pam Garretson, Clinical Manager

Responsible Staff:

Dr. Kathy Burns, System Chief Clinical Officer	Chris Long, Budget Officer, Finance
Carla Darnell, Network Services Manager, General Adult/Older Adult	Keith McCloud, Residential Placement Manager
Dr. Kevin Dixon, Vice President, Cultural Competency	Stephanie Patrick, Director, Clinical Services
Joe Florenski, Grants Coordinator	Will Reeves, Utilization Review/Management Analyst
Ron Kadylak, Director, Housing	Prajakta Samant, Research Specialist
Stan Kirk, Director, Information Systems	Janet Stackpole, Systems Analyst II
Dean Kauffman, Vice President, Consumer & Network Services/Planning, Evaluation & Quality Improvement	Heather Ward, Executive Assistant
Mark Lambert, Director, Finance	Jonathan Wylly, Chief Financial Officer

TREATMENT SERVICES FOR ADULTS WITH MENTAL ILLNESS OR CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: Internal benchmark based upon required outcomes instrument developed by Ohio Department of Mental Health		
Adult Mental Health Recovery Measures	60% of adults with mental illness or co-occurring mental illness and substance abuse disorders will experience improvement or continued stability in at least two of these recovery measures: reduction of symptoms and problems; quality of life; or social connectedness.	Measures the impact of treatment services on ADAMH consumers' lives.
Description: Internal benchmark for direction of ADAMH (non-Medicaid) funds to those most in need.		
Mental Health Funds	75% of ADAMH mental health funds for adults will be used for persons with severe mental illness.	Measures the system's effectiveness at directing resources to priority populations.
Description: Internal benchmark for direction of ADAMH (non-Medicaid) funds to those most in need.		
Employment, Vocational & Educational Programs	70% of the clients participating in ADAMH-funded employment and vocational programs will meet the priority criteria of having severe mental illness.	Measures the system's effectiveness at directing resources to priority populations.
Description: Internal benchmark for direction of ADAMH (non-Medicaid) funds while maximizing federal revenues for services to those most in need.		
SMI Medicaid Coverage	66% of adults with severe mental illness will have Medicaid coverage.	Measures consumers' access to comprehensive health care coverage. Measures the system's capacity to maximize federal revenue for medically necessary treatment.
Description: Internal benchmark measuring the reduction in state hospitalization experienced by a highly vulnerable population resulting from this evidence-based practice.		
IDDT/ACT Hospitalization	70% reduction in days spent in the state hospital for consumers who have participated in the IDDT-ACT Team for two years.	Measures the reduction in state hospitalization experienced by a highly vulnerable population resulting from this evidence-based practice.

TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ADDICTED ADULTS

Performance Category: Internal Services by ADAMH to Fund, Monitor, and Evaluate External Contract Services.

PURPOSE:

The purpose of Treatment Services for Alcohol and Other Drug Addicted Adults 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.

PROGRAM SERVICES:

- Ambulatory detox services
- Buprenorphine services
- Case management services
- Halfway house treatment services
- Hospital detox acute services
- Hospital detox sub-acute services
- Methadone services
- Outcomes assessment and analysis
- Outpatient and intensive outpatient services
- Residual detox acute services
- Screening analysis services
- Short and long term residential services
- System quality improvement (SQI) performance indicators

PROGRAM LEAD:

Ajamú Brown, Network Services Manager, AOD

RESPONSIBLE STAFF:

- Dr. Kathy Burns, System Chief Clinical Officer
- Dr. Kevin Dixon, Vice President, Cultural Competency
- Pam Garretson, Clinical Manager
- Ron Kadylak, Director, Housing
- Dean Kauffman, Vice President, Consumer & Network Services/Planning, Evaluation & Quality Improvement
- Stan Kirk, Director, Information Services
- Stephanie Patrick, Director, Clinical Services
- Prajakta Samant, Research Specialist
- Janet Stackpole, Systems Analyst II
- Crystal Stephens, Research Specialist
- Heather Ward, Executive Assistant
- Jonathan Wyllly, Chief Financial Officer

TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ADDICTED ADULTS – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: Internal benchmark based upon required outcomes instrument (ADAMH adapted from the Addiction Severity Index) developed by ADAMH from a widely accepted, reliable and valid instrument for measuring outcomes for adults with alcohol and other drug addiction.		
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.	Measures the impact of treatment services on ADAMH consumers' lives. The modified Addiction Severity Index (ASI) measures positive changes over time in treatment in 7 domains of a client's life.
Description: Internal benchmark based upon required outcomes instrument (ADAMH adapted from the Addiction Severity Index) developed by ADAMH from a widely accepted, reliable and valid instrument for measuring outcomes for adults with alcohol and other drug addiction.		
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.	Measures the impact of treatment services on ADAMH consumers' lives. The modified Addiction Severity Index (ASI) measures positive changes over time in treatment in 7 domains of a client's life.
Description: Internal benchmark based upon "best practice" clinical protocol for timely access and linkage to treatment after a detoxification/crisis episode.		
Sub-Acute & Ambulatory Detox Services	45 % of consumers receiving Sub-acute and Ambulatory Detoxification Services from Maryhaven will show linkage and continued treatment at Maryhaven or another ADAMH service provider within 7 days of discharge.	Ensures timely access to and follow-up services for individuals discharged from the higher levels of care.
Description: Internal benchmark based upon "best practice" clinical protocol for timely access and linkage to treatment after a stay at the engagement center.		
Engagement Center Services	80% of consumers receiving Engagement Center services will engage in AOD Tx, not including assessment, within 60 days of discharge.	Ensures timely access to and follow-up services for individuals discharged from the higher levels of care.
Description: Internal benchmark for direction of ADAMH (non-Medicaid) funds to those most in need.		
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.	Measures the system's effectiveness at directing resources to priority populations.

TREATMENT SERVICES FOR CHILDREN, ADOLESCENTS, AND YOUNG ADULTS

Performance Category: Internal Services by ADAMH to Fund, Monitor, and Evaluate External Contract Services.

PURPOSE:

The purpose of Treatment Services for Children, Adolescents, and Young Adults 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.

PROGRAM SERVICES:

- Case management services
- Community psychiatric support services
- Crisis intervention services
- Diagnostic assessment services
- Foster care services
- Hotline services
- Housing services
- Medical somatic services
- Outpatient services
- Residential treatment services
- Respite and crisis bed services
- Screening analysis services

PROGRAM LEAD:

Vacant, Network Services Manager, Youth & Family Services

RESPONSIBLE STAFF:

- Dr. Kathy Burns, System Chief Clinical Officer
- Dr. Kevin Dixon, Vice President, Cultural Competency
- Pam Garretson, Clinical Manager
- Ron Kadylak, Director, Housing
- Dean Kauffman, Vice President, Consumer & Network Services/Planning, Evaluation & Quality Improvement
- Stan Kirk, Director, Information Services
- Stephanie Patrick, Director, Clinical Services
- Janet Stackpole, Systems Analyst II
- Jonathan Wylly, Chief Financial Officer

TREATMENT SERVICES FOR CHILDREN, ADOLESCENTS, AND YOUNG ADULTS – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: Internal benchmark based upon required outcomes instrument developed by Ohio Department of Mental Health		
Kids Recovery Measures	80% 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.	Measures the impact of treatment services on youths' lives.
Description: Internal benchmark to ensure that all children will receive and complete a Medicaid application in order to maximize funding for treatment.		
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.	Measures consumers' access to comprehensive health care coverage. Measures the system's capacity to maximize federal revenue for medically necessary crisis treatment.
Description: Internal benchmark for direction of ADAMH (non-Medicaid) funds to those most in need.		
Kids Mental Health Funds	80% of ADAMH mental health funds for youth will be used for persons with a severe emotional disturbance.	Measures the system's effectiveness at directing resources to priority populations.
Description: Internal benchmark for direction of ADAMH (non-Medicaid) funds while maximizing federal revenues for services to those most in need.		
Medicaid for SED Kids	85% of children and youth with a severe emotional disturbance will have Medicaid coverage.	Measures consumers' access to comprehensive health care coverage. Measures the system's capacity to maximize federal revenue for medically necessary treatment.
Description: Internal benchmark to reduce more restrictive treatment level of care, and promote community-based treatment.		
Residential Treatment	5% reduction in the number of youth placed in residential treatment.	Measures the number of youth placed in a residential treatment facility and promotes community-based treatment
Description: Internal benchmark to reduce out-of-county placements and promote in-county treatment facilities and community-based care.		
Out of County Length of Stay	16% reduction in the median length of stay of youth placed in out-of-county treatment facilities.	Measures the number of days that youth are placed in a residential treatment facility and promotes community-based treatment

PREVENTION SERVICES

Performance Category: Internal Services by ADAMH to Fund, Monitor, and Evaluate External Contract Services.

PURPOSE:

The purpose of Prevention Services is to provide alcohol, 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.

PROGRAM SERVICES:

ATOD screening services
Coalition building services
Early intervention services: HIV, ATOD, suicide prevention, domestic violence, job readiness
Hotline services
Prevention education trainings referral services
Prevention outcomes reports
Program development technical assistance services
School & community-based mental health services: consultation, support groups facilitation, student assistance, parental support

PROGRAM LEAD:

Nettie Ferguson, Network Services Manager, Prevention

RESPONSIBLE STAFF:

Ajamú Brown, Network Services Manager, AOD
Carla Darnell, Network Services Manager, General Adult/Older Adult
Pam Garretson, Clinical Manager
Dean Kauffman, Vice President, Consumer & Network Services/Planning, Evaluation & Quality Improvement
Stan Kirk, Director, Information Services
Janet Stackpole, Systems Analyst II
Vacant, Network Services Manager, Youth & Family Services
Heather Ward, Executive Assistant

PREVENTION SERVICES – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: Prevention program assessment established to determine the program effectiveness and the cost efficiency in delivering services to youth and adults.		
Provider Performance Thresholds	75 % of Prevention Providers in the ADAMH network of care will meet identified performance thresholds as outlined in the performance dashboard index.	To ensure prevention programs are measured by customers achieving outcomes and cost effectiveness.

CONSUMER AND FAMILY SERVICES

Performance Category: Internal Services by ADAMH to Fund, Monitor, and Evaluate External Contract Services.

PURPOSE:

The purpose of Consumer and Family Services 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.

PROGRAM SERVICES:

- Advocacy enhancements
- CFAC committee supports
- CFAC planning and educational events/retreats
- CFAC/ADAMH workgroups/committees liaison services
- Community presentations
- Community resource linkages
- Complaint/grievance resolutions
- External client rights officer trainings
- Internal backup client rights officer trainings
- ODMH complaint/grievance resolution reports
- Website updates

PROGRAM LEAD:

Phil Hedden, Consumer & Family Advocate

RESPONSIBLE STAFF:

- Ajamú Brown, Network Services Manager, AOD
- Carla Darnell, Network Services Manager, General Adult/Older Adult
- Dr. Kevin Dixon, Vice President, Cultural Competency
- Pam Garretson, Clinical Manager
- Ron Kadylak, Director, Housing
- Carma Kovalo, Telephone Receptionist
- Keith McCloud, Residential Placement Manager
- Aimee Shadwick, Public Affairs Manager
- Megan Shock, Administrative Assistant/Floater
- Vacant, Network Services Manager, Youth & Family Services
- Alisha Wilkes, Community Relations Specialist
- Monica Worth, HR Assistant

CONSUMER & FAMILY SERVICES – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: Internal benchmark based on historical data that reflects the timely resolution of complaints filed with the Board requiring the assistance of the Board Client Rights Officer.		
Informal Complaints	95% of informal complaints filed with ADAMH will be resolved within five working days.	Monitors real-time patterns and trends in our system of care in order to effectively address system/agency issues. Mandated by Ohio Admin Code 5122:2-1-02 & 3793:2-1-07.
Description: This measure is a statutory requirement for ODMH and ODADAS. The benchmark reflects an internal measure designed to improve the timeliness of resolving grievances based on historical data. The grievance type and volume are required to be sent to ODMH annually.		
Formal Grievances	80% of formal complaints (grievances) filed with ADAMH will be resolved within 20 working days (MH) or 21 calendar days (AOD).	Monitors real-time patterns and trends in our system of care in order to effectively address system/agency issues. Mandated by Ohio Admin Code 5122:2-1-02 & 3793:2-1-07.
Description: Internal benchmark established to determine the effectiveness of consumer operated support services based on an annual survey administered to members.		
PEER Center/ Partners Services	90% of enrolled adults with SMD who receive services from the PEER Center and Partners will report that those services helped them deal more effectively with their problems.	Measures the effectiveness of consumer-run programming. Consumer Satisfaction Questionnaire (CSQ-8) survey is benchmarked, reliable and valid instrument used nationally and internationally.
Description: This measure is a statutory requirement for ODMH. (ODMH) accepts the agency’s Verification Statement and Grievance Procedure Review Checklist, with Board assurance as indicated, that the agency has addressed all required elements of the Ohio Administrative Code (OAC) Rule 5122:2-1-02, Client Rights and Grievance Procedure. This Checklist ties directly into why this matters.		
Provider Compliance	E4: 100% of all provider client rights policies and grievance procedures will be in compliance with state statute.	This is (ODMH) process for reviewing and approving Client Rights and Grievance Procedures are part of ODMH Certification Rule 5122-26-18.

HOUSING SERVICES

Performance Category: Internal Services by ADAMH to Fund, Monitor, and Evaluate External Contract Services.

PURPOSE:

The purpose of Housing Services 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.

PROGRAM SERVICES:

- Community relations services
- Contract management services
- Fire/life safety inspections
- Independent, service enriched and supported housing services
- Planning and access to care services
- Residential care stays
- Stakeholder outreach services
- Training and education services
- Transitional housing services
- Utilization review services

PROGRAM LEAD:

Ron Kadylak, Director, Housing

RESPONSIBLE STAFF:

- Ajamú Brown, Network Services Manager, AOD
- Dr. Kathy Burns, System Chief Clinical Officer
- Carla Darnell, Network Services Manager, General Adult/Older Adult
- Pam Garretson, Clinical Manager
- Susan Lewis Kaylor, Vice President, Performance & Management
- Stan Kirk, Director, Information Services
- Chris Long, Budget Officer
- Keith McCloud, Residential Placement Manager
- Stephanie Patrick, Director, Clinical Services
- Megan Shock, Administrative Assistant/Floater
- Janet Stackpole, Systems Analyst II
- Vacant, Network Services Manager, Youth & Family Services
- Heather Ward, Executive Assistant

HOUSING SERVICES – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: System-wide initiative to ensure that people are housed in facilities that meet their level of care need and that they are able to move to more independent settings when they are ready to do so.		
Residential Care Consumers	80% of identified residential consumers will be housed at a facility that meets their appropriate level of service need.	Maximizes utilization of residential care facilities.
Description: There is a statutory requirement that the Board ensures compliance with life-safety requirements in properties funded by ADAMH dollars.		
Housing Fire/Safety	100% of designated housing units will be in compliance with fire and life safety standards.	Ensures fire and life safety for housed ADAMH consumers.
Description: Overall purpose is to move consumers from a temporary ADAMH subsidy (levy dollars) to a permanent housing subsidy (state and federal dollars).		
Housing Subsidy Clients	75% of consumers on a temporary subsidy will be moved off within 120 days.	Measures the length of time each consumer spends on a temporary subsidy in order to maximize utilization of levy funds.

SYSTEM OF CARE PLANNING & EVALUATION PROGRAM OVERVIEWS

SERVICE PROVIDER PLANNING, EVALUATION, AND SYSTEM QUALITY IMPROVEMENT

Performance Category: Internal Services by ADAMH to Fund, Monitor, and Evaluate External Contract Services.

PURPOSE:

The purpose of Service Provider Planning, Evaluation, and System Quality Improvement is to provide technical assistance, planning, analysis, evaluation and monitoring services to contract service providers so they can meet their contractual obligations and continually improve their services.

PROGRAM SERVICES:

- ASP/budget monitoring services
- Business analytic reports
- Network management services
- Performance-based contracting services
- Provider outcomes reports
- Provider technical assistance services
- Provider-STAT sessions
- System quality improvement (SQI) performance indicators

PROGRAM LEAD:

Dean Kauffman, Vice President, Consumer & Network Services/Planning, Evaluation & Quality Improvement

RESPONSIBLE STAFF:

Sujatha Aroor, Fiscal Systems Administrator	John Logan, Financial Analyst
Ajamú Brown, Network Services Manager, AOD	Stephanie Patrick, Director, Clinical Services
Carla Darnell, Network Services Manager, General Adult/Older Adult	Willie Pinkins, Internal Auditor
Dr. Kevin Dixon, Vice President, Cultural Competency	Will Reeves, Utilization Review/Management Analyst
Nettie Ferguson, Network Services Manager, Prevention	Joetta Roberts, Director, Quality Improvement
Joe Florenski, Grants Coordinator	Prajakta Samant, Research Specialist
Claudia Freeman, Director, Claims/Pricing	Janet Stackpole, Systems Analyst II
Pam Garretson, Clinical Manager	Crystal Stephens, Research Specialist
Ron Kadylak, Director, Housing	Vacant, Network Services Manager, Youth & Family Services
Stan Kirk, Director, Information Services	Heather Ward, Executive Assistant
Mark Lambert, Director, Finance	Jonathan Wyly, Chief Financial Officer

SERVICE PROVIDER PLANNING, EVALUATION, AND SYSTEM QUALITY IMPROVEMENT – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: Internal and external benchmarked quality indicators used to establish thresholds and desired performance targets based upon clinical best practice protocols and client outcomes.		
Provider Performance Thresholds	70% of providers in the ADAMH network of care will meet identified performance thresholds as outlined in the performance dashboard index.	Provides measurement for monitoring agency quality assurance.
Description: Internal benchmark based upon historical access of consumers entering the system of care for the first time.		
New Clients	33% of all clients receiving treatment services will be new clients.	Provides measurement for monitoring agency quality assurance.
Description: Internal benchmark based upon historical access of consumers who are “re-admissions” or returning for new episode of care.		
Re-admissions	70% of all clients served will be people who re-enter the system (episode of care) following 120 days of no services in the network.	Measures access to care for new episodes of treatment.

PRIVATE/PUBLIC FUNDING SERVICES

Performance Category: Administrative Services by ADAMH.

PURPOSE:

The purpose of Private/Public Funding Services is to seek new sources of revenue for the ADAMH system so it can supplement its tax-supported budget.

PROGRAM SERVICES:

Grants

Funder reports
Grant proposals
Grants management invoices
Memorandums of understanding
Support letters

Inter-System Collaborations

Cost analysis of program models
Memorandums of understanding
Revenue for BH services
Service needs assessments

PROGRAM LEAD:

Joe Florenski, Grants Coordinator

RESPONSIBLE STAFF:

Ajamú Brown, Network Services Manager, AOD
Dr. Kathy Burns, System Chief Clinical Officer
Carla Darnell, Network Services Manager, General Adult/Older Adult
Dr. Kevin Dixon, Vice President, Cultural Competency
Nettie Ferguson, Network Services Manager, Prevention
Pam Garretson, Clinical Manager
Phil Hedden, Consumer & Family Advocate
Ron Kadylak, Director, Housing
Dean Kauffman, Vice President, Consumer & Network Services/Planning, Evaluation & Quality Improvement
Susan Lewis Kaylor, Vice President, Performance & Management
Mark Lambert, Director, Finance
Chris Long, Budget Officer
Stephanie Patrick, Director, Clinical Services
Cynthia Tanner Scott, Director, Accounting & Financial Reporting
Aimee Shadwick, Public Affairs Manager
Vacant, Network Services Manager, Youth & Family Services
Alisha Wilkes, Community Relations Specialist
Jonathan Wylly, Chief Financial Officer

PRIVATE/PUBLIC FUNDING SERVICES – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: This result tracks the annual grants-seeking efforts of the ADAMH staff on behalf of the entire system of care.		
Funding Proposals	\$1.4 million increase in revenue from submission of funding proposals.	Provides additional revenue for ADAMH priority populations

ADULT HOSPITALIZATION MANAGEMENT

Performance Category: Internal Services by ADAMH to Fund, Monitor, and Evaluate External Contract Services.

PURPOSE:

The purpose of Adult Hospitalization Management 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 that is consistent with community safety and promotes recovery.

PROGRAM SERVICES:

- Admission/discharge/continued stay reports
- Clinical/educational/media presentations
- Continuity of care agreements
- Hospital admission authorizations (private hospital contracts) and reports
- Inpatient and outpatient civil commitment oversight services
- Liaison services to medical community
- Re-admission reviews
- Residency dispute determination and reports
- Utilization review consultations and reports

PROGRAM LEAD:

Stephanie Patrick, Director, Clinical Services

RESPONSIBLE STAFF:

- Dr. Kathy Burns, System Chief Clinical Officer
- Pam Garretson, Clinical Manager
- Ron Kadylak, Director, Housing
- Stan Kirk, Director, Information Services
- Mark Lambert, Director, Finance
- Chris Long, Budget Officer
- Joetta Roberts, Director, Quality Improvement
- Janet Stackpole, Systems Analyst II
- Heather Ward, Executive Assistant
- Jonathan Wylly, Chief Financial Officer

ADULT HOSPITALIZATION MANAGEMENT – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: Two years ago, 30% of the state hospital admissions had Medicaid but the cost of their hospitalization could not be billed to Medicaid. Reducing this percentage by diverting people with Medicaid to the private sector maximizes Medicaid as a payor source and reduces ADAMH inpatient expense.		
RPH Medicaid Admissions	20% or fewer admissions to state regional psychiatric hospitals will have Medicaid as their payor source.	Maximizes Medicaid as a payor source and reduces ADAMH inpatient state hospital costs so that ADAMH is the payor of last resort.
Description: The vast majority of crisis episodes can be resolved in the community – a lesser restrictive environment than admission to a state regional psychiatric hospital. It is far less stigmatizing and far less disruptive to the patient, their families, their employers, and other aspects of life.		
Netcare/RPH Admissions	8% or fewer of crisis episodes at Netcare will result in admissions to state regional psychiatric hospitals.	Provides utilization management of inpatient state hospital admissions.
Description: Many patients seen at Netcare have primary alcohol or drug problems in addition to some mental health issues. This result intends to ensure the proper primary treatment is provided in the most appropriate setting so that patients can move from Netcare Crisis to Maryhaven treatment seamlessly.		
Detoxification Service Referral Prioritization	15% or more admissions to Maryhaven’s ambulatory and sub-acute detoxification programs will be priority referrals from Netcare.	Ensures access to clinically appropriate detoxification services for individuals.
Description: Patients discharged from acute care settings need timely follow up services at discharge to ensure a smooth transition back to the community.		
Private Hospital Follow-up Services	40% of admissions discharged from Private Hospitals will receive follow-up services from ADAMH network providers within the contractual timeframes.	Ensures timely access to and follow-up services for individuals discharged from the highest levels of care.
Description: A number of patients admitted to the state hospital have a primary alcohol or other drug problem that impacts their mental health leading to the hospitalization; their primary need is for substance abuse treatment. This result assures their timely access to alcohol and other drug services, rather than community mental health care when they are discharged from the hospital.		
State RPH/Maryhaven Linkage	60% of TVBH admissions referred for AOD services will receive a treatment service from Maryhaven prior to, or within 14 days after discharge.	Ensures timely access to and follow-up services for individuals discharged from the higher levels of care.

PUBLIC AFFAIRS

Performance Category: Administrative Services by ADAMH.

PURPOSE:

The purpose of Public Affairs is to provide culturally appropriate community relations, public information, and education services to all citizens of Franklin County so they can have positive opinions and continue to financially support publicly funded alcohol, other drug and mental health treatment and prevention programs and services

PROGRAM SERVICES:

- Advertising placements
- Annual report
- Brochures
- Budget testimony presentations
- Community outreach events
- Community presentations
- E-newsletters
- Media relations
- Promotional materials
- Public information requests
- Public meetings
- Public opinion surveys
- Special events
- Web site

PROGRAM LEAD:

Alisha Wilkes, Community Relations Specialist

RESPONSIBLE STAFF:

- Ajamú Brown, Network Services Manager, AOD
- Dr. Kathy Burns, System Chief Clinical Officer
- Dr. Kevin Dixon, Vice President, Cultural Competency
- Nettie Ferguson, Network Services Manager, Prevention
- Dean Kauffman, Vice President, Consumer & Network Services/Planning, Evaluation & Quality Improvement
- Susan Lewis Kaylor, Vice President, Performance & Management
- Mark Lambert, Director, Finance
- Stephanie Patrick, Director, Clinical Services
- Aimee Shadwick, Public Affairs Manager
- Jonathan Wyly, Chief Financial Officer

PUBLIC AFFAIRS – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: The ADAMH Board of Franklin County is supported by the generous taxpayers of Franklin County with a local levy. This internal survey was created in place of spending funds for an external consultant to conduct a formal public opinion survey, due to administrative budget reductions.		
Community Survey	75% of Franklin County citizens who respond to the Public Affairs survey will indicate awareness of ADAMH.	Franklin County citizens must have an awareness of ADAMH services in order to support the levy.
Description: This result is an internal benchmark to measure the effectiveness of public affairs tasks and their efforts to increase awareness of ADAMH.		
Public Affairs Service	75% of Public Affairs and Community Relations services are focused on proactively educating the general public on mental health and AOD treatment and prevention.	Measures the effectiveness of Public Affairs service at increasing the awareness of ADAMH.
Description: This result is an internal benchmark to measure the outreach efforts to faith-based leaders to learn about their experiences /needs associated with behavioral health issues in their congregations and community; increase their awareness and knowledge of ADAMH system; and to establish supportive partnerships with provider network.		
Faith-Based Community Awareness	40% increase in participation from local diverse faith-based organizations through ADAMH events, meetings, and/or presentations	Opportunity to engage faith leaders to learn their experiences with behavioral health in the communities they serve and seek supportive partnerships.

ADMINISTRATIVE & LEADERSHIP SERVICES PROGRAM OVERVIEWS

ORGANIZATIONAL MANAGEMENT

Performance Category: Administrative Services by ADAMH.

PURPOSE:

The purpose of Organizational Management is to provide human resources services, performance management services, and records management services to ADAMH staff so they can work in a manner that is consistent with our mission, vision, and core values.

PROGRAM SERVICES:

Human Resources

Application packets
Claims & benefits consultations
Classification/salary range determinations
Compensation plans
EAP management referrals
EEO & affirmative action reports
Employee compensation
Employee handbooks
Employee investigations
Employee orientations
Employee recognition activities
Employee relations
Employee retention plans
Employee satisfaction survey services
Employee/employer mediation, grievance and disciplinary services
Exit interviews
Federal/state required reports
FMLA determination services

Performance Management

Accountability/performance reports
Performance management support services
Performance reporting trainings
Planning retreats
Policies & procedures
Quality improvement facilitations
Strategic performance plan monitoring (ADAMH Stat)
Visual performance displays

Individual career coaching sessions
Interview consultations
Investigations & inquiries
Job audits
Management/employee consultations
Payroll services
Performance appraisal administration services
Personnel actions
Position control rosters
Pre-employment & recruitment services
Salary surveys
Staff activities
Staff briefings
Tables of organization
Training classes
Training needs assessments/reports
Turnover reports
Unemployment compensation responses
Vacancy reports

Records Management

Content analysis list
File plans (record inventory reports)
Policy updates
Retention schedules

SharePoint Auditing

Governance Planning
Site Mapping

Other

Administrative floater support services
Cultural competence educational services
Disaster plans
Receptionist support services

PROGRAM LEAD:

Tillie Woods, Director, Human Resources

RESPONSIBLE STAFF:

Carla Darnell, Network Services Manager, General Adult/Older Adult

Dr. Kevin Dixon, Vice President, Cultural Competency

Joe Florenski, Grants Coordinator

Susan Lewis Kaylor, Vice President, Performance & Management

Stan Kirk, Director, Information Services

Carma Kovalo, Telephone Receptionist

Lucinda Kuhlwein, Executive Assistant

Willie Pinkins, Internal Auditor

Louisa Price, Accountant

Cynthia Tanner Scott, Director, Accounting & Financial Reporting

Megan Shock, Administrative Assistant/Floater

Monica Worth, HR Assistant

Jonathan Wyly, Chief Financial Officer

ORGANIZATIONAL MANAGEMENT – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: This survey will help the organization look at ways to remove internal barriers that limit or prevent our staff from accomplishing their work in a timely manner.		
**Staff Survey	75% of ADAMH staff will indicate that their work related interactions with other ADAMH staff members helped them become more productive.	Provides assurances that the organization is interested in helping our employees do their jobs in the most efficient and effective manner in order to achieve ADAMH's vision and mission.
Description: A process measure to maintain and improve records management system.		
Records Management	100% of records management workgroup projects will be completed on time.	Statute requires county agencies to work through the identified local commission for disposal of records within an established schedule and assurance that public records are made available for inspection and copying upon request. Mandated by Ohio Revised Codes 149.38 & 149.43
Description: A process measure to maintain and improve the SharePoint environment.		
**SharePoint Governance	100% of SharePoint governance plan components will be developed and implemented on time.	Provides assurance that the ADAMH intranet meets current and changing needs of ADAMH staff
Description: A process measure that tracks our internal preparedness planning efforts.		
ADAMH Disaster Plan	100% of issues identified during testing of the disaster plan will be addressed within 60 days.	Provides assurance that ADAMH can respond quickly and appropriately to a disaster situation.

FACILITIES/EQUIPMENT AND SUPPORT SERVICES

Performance Category: Administrative Services by ADAMH.

PURPOSE:

The purpose of Facilities/Equipment and Support Services 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.

PROGRAM SERVICES:

- Annual facility project services
- Building cleaning services
- Building inventory services
- Delivery and pick-up services
- Energy consumption monitoring and other cost reduction services
- Equipment/furniture repairs, disposal, and purchase services
- Facility administrative and management services
- Facility health/life/safety support services (inspection and information, testing, hazardous/toxic material disposal)
- Facility preparation and set-up services (rooms, AV systems, etc.)
- Facility repair and maintenance services
- Facility warning and security support services (alarm, security, staff fire, front E.R., weather-related drills)
- Internal disaster and facility relocation planning (ADAMH and county-PFM)
- Parking lot management services

PROGRAM LEAD:

Don Dennis, Facilities Coordinator

RESPONSIBLE STAFF:

- Mark Lambert, Director, Finance
- Chris Long, Budget Officer
- Cynthia Tanner Scott, Director, Accounting & Financial Reporting
- Jonathan Wylly, Chief Financial Officer

FACILITIES/EQUIPMENT AND SUPPORT SERVICES – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: Internal benchmark based on historical performance.		
Facilities Projects	80% of the facility projects and preventative maintenance activities will be successfully completed on time.	Maintenance activities improve the longevity of ADAMH's facilities and contribute to a safe work environment.
Description: Federal standards set by the Occupational Safety and Health Act (OSH Act) , which governs Ohio's occupational safety and health system, require companies with 10 or more employees have written fire prevention and emergency exit plans in place for each worksite.		
Internal Facility Safety	100% of the internal facility safety and preparedness planning, and drill activities will be completed as-scheduled.	Preparedness drills and inspections are critical to ensure that a safe environment is maintained for ADAMH employees and visitors.
Description: Internal Benchmark based on historical performance.		
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.	Prompt attention to emergency building repairs enables ADAMH staff to maintain a high level of performance.
Description: Internal benchmark based on physical inspection of the facility and city building safety codes.		
Engagement Center Maintenance	100% of the identified Engagement Center maintenance activities will be completed on time.	Maintenance activities improve the longevity of the Engagement Center and contribute to a safe consumer and staff environment.
Description: Internal benchmark based on review of historical utility usage and reasonable estimate achievable reduction.		
Energy Consumption	5% reduction in annual energy consumption.	Measures annual energy consumption to reduce ADAMH costs.

INFORMATION SERVICES SUPPORT

Performance Category: Administrative Services by ADAMH.

PURPOSE:

The purpose of the Information Services Support is to provide information service technologies and data support to ADAMH Board staff so they can optimally achieve performance goals in a timely manner.

PROGRAM SERVICES:

- Application development services
- Application trainings (internal and external)
- Decision support tools
- Desktop hardware and software supports
- E-mail system supports
- FTP site supports
- Help desk responses
- Internet access supports
- Intranet site supports
- IT disaster recovery plan
- IT security policies and procedures
- IT strategic plan
- Management reports
- Network backups
- Phone system supports

PROGRAM LEAD:

Stan Kirk, Director, Information Services

RESPONSIBLE STAFF:

- Lida Cruz, System Analyst I
- Edna Rowe, Computer Operator
- Janet Stackpole, Systems Analyst II
- Jonathan Wylly, Chief Financial Officer

INFORMATION SERVICES SUPPORT – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: Internal benchmark based on historical performance.		
Help Desk Requests	95% of open IT helpdesk requests will be aged less than 15 business days.	Ensures employees receive timely and accurate responses to their technology-based issues.
Description: Ensures policies and procedures are timely, accurate and fulfill an appropriate need.		
**IS Policies & Procedures	100% of Information Services Policies and Procedures, include HIPAA Security, will be approved by the BOT by the December 2011 Board meeting	Ensures employees are adequately informed of the work place rules.
Description: Standardizes programming platforms and reduces risk to agency by eliminating single point of knowledge		
**Fiscal Interface Transition	100% of the steps in the Fiscal Interface Transition action plan will be executed on time.	Ensures providers are paid in a timely manner.

FINANCIAL MANAGEMENT

Performance Category: Administrative Services by ADAMH.

PURPOSE:

The purpose of Financial Management is to provide timely and accurate financial information to stakeholders so that they can make well-informed decisions.

PROGRAM SERVICES:

ADAMH management reports
Audits
Board actions
Capital and administrative budgets
Financial projections
Financial statements
Fiscal policies and procedures
Invoices and vendor contracts
Payroll services
Purchase orders
Service provider budgets
Service provider financial management reports
State reports

PROGRAM LEAD:

Sujatha Aroor, Fiscal Systems Administrator

RESPONSIBLE STAFF:

Accounting Specialist
Lida Cruz, System Analyst I
Shawn Jones, Executive Assistant
Mark Lambert, Director, Finance
John Logan, Financial Analyst
Chris Long, Budget Officer
Willie Pinkins, Internal Auditor
Louisa Price, Accountant
Cynthia Tanner Scott, Director, Accounting & Financial Reporting
Stan Kirk, Director, Information Services
Carolee Spencer, Director, Members Services
Jonathan Wyly, Chief Financial Officer

FINANCIAL MANAGEMENT – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: Internal benchmark aligned to a Strategic Result.		
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.	Measures effective utilization of discretionary dollars for Franklin County residents.
Description: Internal benchmark based on professional judgment of internal auditor.		
Internal Control Deficiencies	90% of internal control deficiencies will be corrected within 60 days of the internal auditor's report.	Ensures the Board complies with Federal, State and County audit guidelines resulting in no deficiency.
Description: Internal benchmark based on historical performance.		
Non-Administrative Budget Reports	95% of all financial analytic reports for contract services will be completed on time.	Ensures that stakeholders have timely reports to make well-informed decision(s) based on the reports.
Description: Internal benchmark based on data availability and accounting cycle.		
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.	Ensures that stakeholders have timely reports to make well-informed decision(s) based on the reports.
Description: Internal benchmark aligned to a Strategic Result.		
Priority Populations Expenditures	95% or more of monthly service activity will be in alignment with YTD budgeted provider population expenditures, or provider technical assistance will be offered.	Measures effective utilization of the dollars for the Franklin County priority population.

BUSINESS SERVICES

Performance Category: Administrative Services by ADAMH.

PURPOSE:

The purpose of Business Services is to provide payment to ADAMH providers so that they can receive accurate and timely reimbursement.

PROGRAM SERVICES:

- ADAMH unit rates in MACSIS
- ADAMH-Track and MACSIS hotline responses
- Approved agency services plans and budgets
- Claims reports and claims corrections
- Electronic file exchanges
- Executed contracts
- Funding allocations
- MACSIS provider manual updates
- MACSIS/finance provider trainings
- New member enrollments and eligibility determinations
- Processed claims
- Provider payments

PROGRAM LEAD:

Cynthia Tanner Scott, Director, Accounting & Financial Reporting

RESPONSIBLE STAFF:

Sujatha Aroor, Fiscal Systems Administrator	Dean Kauffman, Vice President, Consumer & Network Services/Planning, Evaluation & Quality Improvement
Marva Bibb-Truss, Member Services/Claims Examiner II	Mark Lambert, Director, Finance
Dr. Kathy Burns, System Chief Clinical Officer	John Logan, Financial Analyst
Lida Cruz, Systems Analyst I	Chris Long, Budget Officer
Carla Darnell, Network Services Manager, General Adult/Older Adult	Alfreda Miller, Member Services/Claims Examiner I
Nettie Ferguson, Network Services Manager, Prevention	Willie Pinkins, Internal Auditor
Claudia Freeman, Director, Claims & Pricing	Louisa Price, Accountant
Pam Garretson, Clinical Manager	Edna Rowe, Computer Operator
Monique Hindriks, Member Services/Claims Examiner II	Stan Kirk, Director, Information Services
Mariko Jones, Member Services/Claims Examiner II	Carolee Spencer, Director, Member Services
Shawn Jones, Executive Assistant	Janet Stackpole, Systems Analyst II
Ron Kadylak, Director, Housing	Heather Ward, Executive Assistant
	Jonathan Wylly, Chief Financial Officer

BUSINESS SERVICES – PERFORMANCE MEASURES		
Result	Measure	Why This Matters
Description: External benchmark established by state and federal standards.		
Claims Reimbursement	98% of Medicaid and ADAMH Services claims reimbursement funds are paid within 60 days of receipt of their claims files.	The timeliness of reimbursing providers for services rendered is sound fiscal management.
Description: External benchmark established by federal cash management improvement act (CMIA).		
Block Grant Funds	95% block grant funds are paid to providers within 10 business days of receipt of a valid payment request.	The timeliness of reimbursing providers for services rendered is sound fiscal management.
Description: External benchmark established by state standards (MACSIS Guidelines call for 10 business days).		
Member Enrollments	98% of the time manual member enrollments are returned to providers within 8 business days.	The timeliness of the manual member enrollment process ensures providers are able to bill ADAMH for services rendered.
Description: Internal benchmark to ensure contract execution by January 1 of each new contract year.		
ASP/Budget/Contract Action Plan	100% of the steps in the ASP/budget/contract action plan will be executed on time.	The timely execution of the annual ASP/Budget/contract action plan will ensure legal and fiscal requirements are in place for conducting business with the providers.
Description: Provider Block Grant Request System.		
**Block Grant Action Plan	100% of the steps in the Block Grant Management-Revised Process action plan will be executed on time.	The automation of block grant request process will lead to efficient use of limited resources.
Description: Managed Care Information System.		
**BH Claim System Action Plan	100% of the steps in the Behavioral Health Care Claim System action plan will be executed on time.	Ensure ADAMH has a Managed Behavioral Healthcare Information Systems that supports management of client enrollment, benefit management, provider contracting and payment processes