

## ADAMH STRATEGIC RESULTS CLOSE-OUT (2006-2009)

STRATEGIC RESULT #1	STATUS/MILESTONES
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:	<b>PARTIALLY MET</b>
1A. 10% reduction in turnover among clinicians, caseworkers and psychiatrists.	<p><b>--% decrease/increase TBD after 2009 data secured via Agency Service Plans</b></p> <p>2007: 10.17% turnover in direct service staff (baseline)            2008: 13.49% turnover in direct service staff            2009: In progress. Will secure data based on ASP</p>
1B. Creative recruitment strategies	<p>Developed a Jobs Page on ADAMH website to post job openings at provider locations - 4,772 average monthly hits.</p> <p>Purchased paid recruitment advertising in Toledo &amp; northeastern Ohio to attract Latino staff.</p> <p>Chaired an ADAMH/Provider Leadership Association workgroup to address the recruitment &amp; retention of medical professionals in the ADAMH system of care. Workgroup came up with strategies and funds to support next steps.</p> <p>Developed a shared print recruitment advertising campaign for direct service positions among six lead agencies. Designed print advertisement, brokered cost with Dispatch printing and developed proposed process for sharing resumes that were secured as a result of shared advertising.</p>
1C. The provision of system continuing education and training opportunities related to culturally competent and capable care	<p>Board provided leadership for Multiethnic Advocates for Cultural Competence, including statewide cultural conferences 2006-09 that addressed issues of disparities in behavioral healthcare, which were held in Franklin County &amp; marketed to system providers.</p> <p>Created Maryhaven Training Institute to address administrative, clinical &amp; cultural issues:</p> <ul style="list-style-type: none"> <li>- 300 training hours offered in 2007</li> <li>- 500 training hours offered in 2008</li> <li>- Cancelled at the end of 2008 due to major funding reductions.</li> </ul>
1D. Partnerships among universities and learning institutions to create an increased supply of future healthcare professionals who choose to work for the ADAMH system of care	<p>Secured an OSU College of Social Work intern interested in cultural competency who took lead on reviewing cultural sections of 2007 agency services plans.</p> <p>Partnered with PLA &amp; OSU College of Social Work to create <b>ADAMH System Master's Degree in Social Work Program which began Sept. 09</b>. Evening classes held @ 447 East Broad Street to provide a central location off campus to accommodate those that work full time. Providers support the selected students through provision of fee waivers, flexible work schedules, tuition reimbursement and opportunities for shared internships.</p>

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STRATEGIC RESULT #2	STATUS/MILESTONES
By January 2010, expand the system of care in a culturally and clinically competent manner for the children and families at risk, as evidenced by:	<b>MET</b>
2A. 10% increase in number of schools that offer prevention screening and referral services	44% increase  9 of 26 in October 2006 13 of 26 in October 2009
2B. 10% increase in targeted schools that offer prevention services utilizing evidence-based models	130% increase  10 of 26 in October 2006 23 of 26 in October 2009
2C. 5% increase in the number of contract prevention programs that actively work with faith communities to reach out to targeted populations in need	28% increase  7 of 22 in 2006 9 of 22 at end of 2008

STRATEGIC RESULT #3	STATUS/MILESTONES
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.	<b>PARTIALLY MET</b>
3A. Decrease the linkage time from assessment to first face-to-face treatment contact from 15.9 days to 13 days.	15.9 days (2005 baseline year) 15.6 days (2006) 16.1 days (2007) 16.1 days (2008) 14.7 days (2009 YTD)
3B. Increase by 5% the total number of persons served in the system of care.	10.7% more consumers (2005 to 2009)

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STRATEGIC RESULT #4	STATUS/MILESTONES																									
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/other drug consumers.	<b>MET</b>																									
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STRATEGIC RESULT #5	STATUS/MILESTONES
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 Health Survey.	<b>PARTIALLY MET</b>
	<p><b>Public Opinion Survey:</b>                  2006: Survey conducted to determine baseline.                  2007: First survey indicated an overall mild increase in residents who demonstrated accurate knowledge in a few key areas (e.g. Do you think that alcoholism is a disease?)                  2008 &amp; 2009: Surveys cancelled due to major funding reductions.</p> <p><b>Levy Support:</b>                  2005: 63% of voters approve 10-year local levy</p> <p><b>Community Speeches/Events:</b>                  2005: 193 (Levy Campaign)                  2006: 106                  2007: 115                  2008: 82                  2009: 51 YTD</p>

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STRATEGIC RESULT #6	STATUS/MILESTONES
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.	<b>MET</b>
	<p><b><u>CULTURALLY APPROPRIATE CARE TO DIVERSE POPULATIONS:</u></b>  <i>Outreach/Awareness/Education for Emerging Populations:</i>                      - Somali mental health video                      - Services to address trauma needs and school-based issues of Somali community                      - Board leadership on Franklin Co. Commissioners' Somali workgroup and Ohio Latino Mental Health Network                      Encouraged hiring of bilingual staff to reduce interpreter costs.                      Partnered with other community organizations to address needs of emergent populations.</p> <hr/> <p><b><u>EVIDENCE-BASED &amp; SCIENCE-BASED CLINICAL CARE:</u></b>  <i>Integrated Dual Disorder Treatment/Assertive Community Treatment Initiative:</i> In 2008, the ADAMH Board funded and implemented this intensive treatment team initiative, resulting in a 55% decrease in state hospitalization costs of the clients served for at least 6 months.  <i>Supported Employment Initiative:</i> In late 2008, ADAMH and the Center for Vocational Alternatives were awarded one of 17 Ohio Pathways II grants managed and operated through the Ohio Rehabilitation Services Commission. COVA vocational specialists have been placed within community treatment teams in four treatment agencies who are implementing this evidence-based practice.  <b>Expanded Prevention Programming of SAMHSA National Registry of Evidenced-Based Programs &amp; Practices:</b> The Prevention Providers offering evidenced based school programs increased 130% since 2005 from 10 to 23 providers in 2009. Examples: Life Skills Training curriculums mainly for in-school groups and Asset Development Model or Resiliency Models for community based after-school and summer day camps.  <i>Secured \$900,000 SAMSHA grant to serve youth:</i> Maryhaven and Direction for Youth &amp; Families are in the second year of providing treatment services using the Assertive Adolescent Family Treatment Model, which is an evidenced based treatment model for youth with substance abuse.  <i>Expanded Multi-system Therapy [MST] services:</i> Franklin County now has five MST teams and one specialized MST team for youth with problem sexual behavior. This evidence based treatment model serves youth with externalizing disorders that have involvement with the Juvenile Justice system or are risk for this involvement.  <i>Franklin County Suicide Prevention work:</i> Nationwide Children's Hospital has been providing suicide screenings in local high schools using an evidenced based screening tool developed by Columbia University "Teen Screen."  <ul style="list-style-type: none"> <li>• 75% increase in enrollees since the program began in 2007 (from 388 to 680 enrollees in 2008)</li> <li>• 13% increase in the number of people linked to the services they need since 2007 (from 353 to 400 people linked to services).</li> </ul> <i>Expanded Functional Therapy Team [FFT] for families:</i> ADAMH, FCCS, and Juvenile Court pooled funding to start a Functional Family Therapy Team at Rosemont and they are finishing their first year of implementation. This evidenced base model is providing service for families with court or child protective service needs and is designed to strengthen families.</p>