



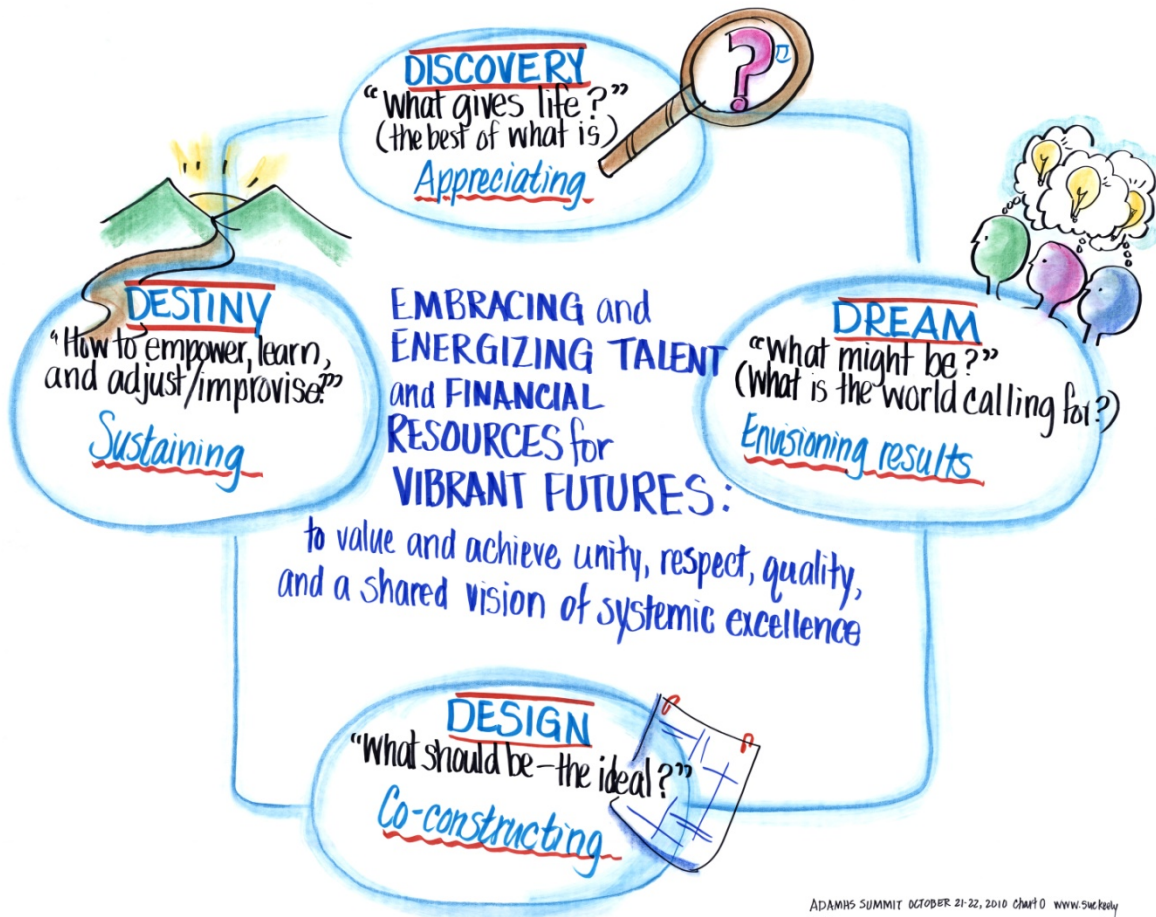
ADAMHS

BOARD OF CUYAHOGA COUNTY
ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES

Rev. Charlotte Still Noble
Board Chair

William M. Denihan
Chief Executive Officer

2011-2013 Strategic Plan



ADAMHS SUMMIT OCTOBER 21-22, 2010 CHART 0 WWW.SUREPLY

February 17, 2011

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Artwork throughout this Strategic Plan is part of the graphic recordings of Sue Keely made during the ADAMHS Board of Cuyahoga County staff Appreciative Inquiry (AI) Summit: October 21 & 22, 2010. The AI Summit was the kick-off to the Board's strategic planning process.

Graphic recordings are visual illustrations that document important ideas discussed during a meeting or retreat which help participants remember the importance of the occasion.

PREFACE

Purpose:

The purpose of the Strategic Plan is to strengthen the Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board of Cuyahoga County's service delivery system for success in a continually changing and increasingly demanding behavioral healthcare environment.

Process:

The strategic planning process addresses the areas of "where we are" and "where we need to go." In order to do so, the Strategic Plan results from a needs assessment of Cuyahoga County's demographics, national prevalence and other trend data, and the combined expertise and input of internal and external community stakeholders.

The Strategic Plan recognizes and considers behavioral healthcare challenges which are occurring at the local, state and national levels, revenue issues, and increasing demands for the ADAMHS Board of Cuyahoga County to do more with less while better demonstrating the effectiveness of its planning, oversight and advocacy activities.

Foundation Support:

Three Cuyahoga County foundations generously awarded the ADAMHS Board of Cuyahoga County funds to conduct and complete the Community Needs Assessment and the Strategic Plan. The foundations are:

- The Cleveland Foundation
- The St. Luke's Foundation
- The Mt. Sinai Health Care Foundation

The Board and staff of the ADAMHS Board of Cuyahoga County are grateful to these foundations for their support of the Strategic Planning project.

Implementation:

Implementation of the Strategic Plan will require the ongoing commitment and collaboration of the ADAMHS Board of Directors and leadership team. In the current atmosphere, one of high vulnerability for ADAMHS Boards and providers across Ohio, the ADAMHS Board of Cuyahoga County must continually re-examine and evaluate its planning efforts to ensure the Strategic Plan responds to industry trends and changes to address the priorities of the ADAMHS Board, Cuyahoga County, and the State of Ohio.

Challenges:

The Strategic Plan is organized around two primary challenges which face the ADAMHS Board of Cuyahoga County:

CHALLENGES

- 1. TO IDENTIFY AND TAKE OWNERSHIP OF THE LIMITATIONS OF THE ADAMHS BOARD OF CUYAHOGA COUNTY AND TO FIND SOLUTIONS TO STRENGTHEN THE ORGANIZATION AND SERVICE DELIVERY SYSTEM.***
- 2. TO IDENTIFY, IMPLEMENT AND ALIGN REALISTIC, ACHIEVABLE AND MEASURABLE ANNUAL GOALS WITH STRATEGIC GOALS, OBJECTIVES, AND ACTION STEPS NECESSARY TO THE ADAMHS BOARD OF CUYAHOGA COUNTY'S CONTINUED VIABILITY AND SUCCESS.***

Planning Assumptions:

The Strategic Plan is based on planning assumptions identified and discussed with key community stakeholders. The following planning assumptions underlie the development of the Strategic Plan:

PLANNING ASSUMPTIONS

State and Federal Mandates

Priorities established in the Strategic Plan are influenced and will continue to be influenced by local, state and federal governments.

Funding Sources/Reimbursement

State budget deficits are resulting in reductions in state level services across the state. This trend is expected to continue. Planning Boards will continue to seek low cost treatment alternatives from quality driven providers. All funders and providers will be required to be more efficient in the delivery of services.

Human Resources / Personnel

Recruitment of qualified and competent professional staff will become increasingly competitive. Behavioral Service organizations will experience increasing demands and costs to recruit and retain qualified professional staff.

(continued)

Behavioral Healthcare Market

Ohio will continue to move towards a behavioral healthcare model requiring funders and providers to offer a full range continuum of care and expertise for their consumers, while effectively responding to economic and business trends that will include significant reductions of resources. Planning Boards and providers will be required to implement aggressive strategies towards cost containment while providing prioritized services to the target populations.

Quality and Effectiveness of Care

In a changing and more competitive industry, quality efficiencies and effectiveness of care will need to be continually demonstrated to funders who are held accountable to provide resources to the most effective organizations.

Coordination / Collaboration / Alliances

Even greater coordination and collaborative efforts of systems of care with funding entities, providers and other health/helping systems will be required.

Service Delivery System Design

Planning Boards and providers will require openness to the realignment of existing services, the development of new services, and treatment modalities.

A Living Document:

It should be noted that at the time of the development of the 2011–2013 ADAMHS Board of Cuyahoga County Strategic Plan, the priorities and amounts of Federal, State, and County funding allocations designated to the ADAMHS Board of Cuyahoga County and service delivery system during the 2011–2013 biennium had yet not been determined. Portions of this strategic plan may require modification based on actual funding allocations.

This Strategic Plan is intended to be a *living document* that will be modified with the ever-changing environment and will be regularly reviewed and updated as needed by the ADAMHS Board of Directors and leadership staff.

INTRODUCTION

A needs assessment of Cuyahoga County with a focus on behavioral health was the critical first step of the strategic planning process and used as the basis for the development of the ADAMHS Board's Strategic Plan. An important component of the planning process was Board, staff and other community stakeholder input into the current/future needs of the ADAMHS Board and the Cuyahoga County alcohol, drug addiction and mental health service delivery system. Strategic Planning Groups, comprised of representatives from ADAMHS Board of Directors, management, staff, provider representatives, and community members provided information, discussion, and recommendations during a two-day Strategic Planning Summit and through the strategic planning groups.

The following identifies the ADAMHS Board of Cuyahoga County's Strategic Initiatives and Strategic Planning Groups with Chairpersons, Community Co-Chair persons and group members.

<u>STRATEGIC INITIATIVES AND STRATEGIC PLANNING GROUPS</u>		
<u>Leadership</u>		
<u>Chair</u> William Denihan	<u>Strategic Planning Group</u> Susan Neth Luis Vazquez The Honorable K. J. Esther Pla Montgomery John Nosek J. Robert Fowler, Ph.D.	
<u>Community Co-Chair</u> Rev. Charlotte Still-Noble		
<u>Finance</u>		
<u>Chair</u> Cassandra Richardson	<u>Strategic Planning Group</u> Cheryl Fratalone Marc Crosby Starlette Sizemore Rice	
<u>Clinical</u>		
<u>Chair</u> Christina Delos Reyes, MD	<u>Strategic Planning Group</u> Erika McDaniel David Colletti	
<u>Community Co-Chair</u> Mary Basie		

**STRATEGIC INITIATIVES AND
STRATEGIC PLANNING GROUPS**
(continued)

Program

Chair

Valeria A. Harper

Strategic Planning Group

Shari Aldridge

Cindy Chaytor

Regina Daniel

Richard Folbert

Community Co-Chair

Jeff Lox

Beth Reid

Lisa Griffith

Lori D'Angelo

Linda Torbert

QI/ Evaluation and Research

Chair

John Garrity, PhD.

Strategic Planning Group

Kathy Kazol

Roberta Taliaferro

Chris Morgan

Community Co-Chair

Joe Ahern

Information Technology

Chair

Yancey Quinn

Strategic Planning Group

Tom Williams

Ralph Piatak

Community Co-Chair

Bob Fowler

Advocacy/ Social Marketing

Chair

Scott Osiecki

Strategic Planning Group

H. Bernard Smith

Community Co-Chair

Don Davies

Consumer Affairs

Chair

Rose Fini

Strategic Planning Group

Kevin Berg

Community Co-Chair

Linda Holcker

Human Resources

Chair

Tami Fischer

Strategic Planning Group

Beth Pfohl

Community Co-Chair

Rev. Ben Gohlstin

MISSION

The Alcohol, Drug Addiction Mental Health Services Board of Cuyahoga County's mission statement articulates its purpose and the nature of its "business." For the ADAMHS Board of Cuyahoga County, its current mission statement was reviewed and confirmed by stakeholders to reflect a broader philosophical and programmatic thrust for continued operations. The mission statement that guides the ADAMHS Board and strategic planning process is below.

MISSION

Promote and enhance the quality of life for residents of our community through a commitment to excellence in mental health, alcohol, drug, and other addiction services.

VISION

The Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County's desired future is reflected in its vision statement. This vision provides the inspirational framework to guide the activities of the ADAMHS Board into the future. It embodies the values, which serve as the Board's guiding principles.

VISION

Mental health, alcohol, drug, and other addiction services will be available and accessible for every county resident in need and the ADAMHS Board will provide a preeminent, seamless and integrated system of care.

#7 ADAMHS BOARD 2015 ANNUAL MEETING THE EMERALD CITY

- THE PERFECT BEHAVIORAL SYSTEM
- WICKED WITCH OF STIGMA
- GOOD WITCH BEHAVIORAL HEALTH IS HEALTHCARE
- DOROTHY THE ADVOCATE
- SCA REGION NO BUREAUCRACY LOCAL FUNDING! GOVERNMENT! PERFORMANCE!
- THAI MAN WE HAVE THE PASSION TO HELP OTHERS SUCCEED
- DOROTHY WE OUR SELF GOVERNMENT HAVE AMPLE FUNDING & NO MORE STIGMA! BEHAVIORAL HEALTHCARE IS HEALTHCARE
- SCA REGION NO BUREAUCRACY LOCAL FUNDING! GOVERNMENT! PERFORMANCE!
- DIE DOWN, USE OUR COURAGE TO FACE OUR CHALLENGES

dreams

#8 WELCOME to the CITY CLUB

- REGIONAL NE OHIO BEHAVIORAL HEALTH BOARD
- LIMITED FUNDING - Federal funding goes directly to Regional Health Board
- Non-traditional funders
- SUPPORT you in ADVOCACY
- HOW TO RECEIVE OUR FAIR SHARE OF FUNDING DOLLARS
- Patty Denihan is committed
- A Behavioral Health Levy instituted
- MICHELLE OBAMA ADDRESSING OUR CHALLENGES
- DUPLICATION OF SERVICES - Model to eliminate 50% of agencies find alternative way to reduce costs
- HANDBOOK
- CURRENT STATE OF MEDICAID
- Community Medicaid from OH&E
- Pass through?
- RNC OH&E has 20% consumer membership
- You're the Leader!

#3 TIME SPECIAL EDITION JANUARY 2015

- EMBRACED BEHAVIORAL HEALTH
- CONTINUOUS IMPROVEMENT
- ECO-FRIENDLY
- ELECTRONIC
- 2012 - NO MORE FAX
- SALES PROJECT
- DEVELOPED MEDICAL DUAL DIAGNOSIS
- SAFE HOUSES FOR WOMEN IN EVERY WARD
- ADAMHS BOARD MOST INFLUENTIAL ORGANIZATION OF THE YEAR!
- LEADER IN CLIENT CARE EDUCATION & PUBLIC AWARENESS
- Cost Effective Treatment
- Cutting Edge Treatment
- Seamless Continuum of care
- STIGMA ELIMINATED
- RECOVERY REALIZED

Values are enduring beliefs, which are held by key stakeholders. The ADAMHS Board of Cuyahoga County Board of Directors and staff has adopted the Core Values identified below.

VALUES

For our Consumers and Clients, we value:

- *Understanding that we are here to ensure superior services to our Consumers and Clients.*
- *Treating Consumers and Clients with dignity and respect.*
- *Listening to concerns of Consumers and Clients and answering all questions with patience and clarity.*
- *Including participation and input from Consumers and Clients, family members and advocates as partners in planning alcohol, drug addiction and mental health services, changes and special events.*
- *Working collaboratively with stakeholders to link and improve services for Consumers and Clients thereby assuring easy access.*
- *Encouraging empowerment of Consumers and Clients as they work toward their own recovery.*
- *Advocating for Consumers and Clients with enthusiasm, compassion, current knowledge and information.*
- *Working to obtain/keep Medicaid for Consumers and Clients.*
- *Emphasizing the importance of employment, housing and education/training for Consumers and Clients.*

For our Providers, we value:

- *Eliminating duplicative efforts whenever possible.*
- *Utilizing existing data whenever possible.*
- *Avoiding excessive new data reporting requirements.*
- *Holding Providers accountable and responsible for quality services.*
- *Using indicators of quality improvement and technical assistance as tools, as opposed to punishment.*
- *Using timely, practical and relevant data.*
- *Seeking and utilizing Provider input in quality improvement initiatives.*
- *Sharing the summary of results and conclusions with Providers.*
- *Encouraging evidence-based best practices.*
- *Cooperating with Providers, utilizing transparency and open communication in all areas.*

STRATEGIC INITIATIVE AREAS

The following Strategic Initiative Areas and leaders were identified and empowered to form and facilitate the Strategic Planning Groups (SPGs) to move the ADAMHS Board's strategic planning process forward through the identification of strategic goals, objectives, action steps and timelines. The SPG's utilized current needs assessment data, industry trends information, stakeholder input, and system needs and priorities to identify the strategic goals, objectives and actions. The following entries summarize the identified Strategic Initiatives and the Strategic Planning Group's "charge" in the planning process.

Leadership

William Denihan and Charlotte Still-Noble

Governing Board members and Senior Management in behavioral health organizations, at the state, local and provider levels, are responsible for ensuring effective leadership in facilitating a process for system improvements, structural changes, alignment and the deployment of available resources to assure the quality of behavioral services, and adequate capacity and access to meet the consumer need.

The Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, because of its central role in coordinating, funding and regulating publicly-funded alcohol, drug and other addictions and mental health services, assumes leadership in the development of public policy that enhances its ability to serve all alcohol, drug and mental health consumers, and to educate the public toward a deeper understanding of alcohol and drug addiction and mental health services.

Finance

Cassandra Richardson

Implements and monitors a financing structure that reimburses for core services in a financially sound manner, and promotes ADAMHS Board, service delivery system, and provider organizations' financial stability and health to improve upon the stewardship of public funds.

Facilitates the proper alignment of available financial resources and reporting across the Cuyahoga County alcohol, drug addiction and mental health system of care. Strengthens and enhances the collection and use of data that will maximize third party resources.

Clinical

Christina Delos Reyes, MD and Mary Bazie

To ensure comprehensive planning for medically-focused alcohol, drug, and other addictions and mental health services program development, implementation and monitoring, and the provision of program-specific technical assistance.

To identify medically focused program service priorities, service gaps and the continuum of care including, but not limited to, psychiatric and medical somatic management services, pharmacological management, inpatient psychiatric hospitalization, and ambulatory, sub-acute and acute detoxification. The Clinical Strategic Initiative is a closely integrated component with the Programming Strategic Initiative as part of the ADAMHS Board of Cuyahoga County Strategic Planning process.

Programming

Valeria Harper and Jeff Lox

To ensure comprehensive planning for alcohol, drug addiction and mental health treatment and prevention programs / services development, implementation and monitoring, and the provision of program-specific technical assistance.

To identify program service priorities, service gaps and the overall continuum of care for alcohol, drug addiction and mental health services.

The Programming Strategic Initiative is a closely integrated component with the Clinical Strategic Initiative as part of the ADAMHS Board of Cuyahoga County Strategic Planning process.

QI/Evaluation and Research

John Garrity and Joe Ahern

Commitment to Performance Improvement as an organizational management philosophy that employs performance improvement principles and data-based decision-making throughout the organization. The ADAMHS Board of Cuyahoga County strives for the realization of an integrated data strategy that informs policy, measures program impact, and results in improved quality of services and outcomes for individuals, families, and communities.

Quality Improvement implements and monitors the performance improvement structure for the ADAMHS Board of Cuyahoga County. This includes assessment of internal operations and the external system and involves: data collection, research and evaluation system and provider reporting, outcomes, waiting list information, major unusual incidents, agency quality performance indicators, as well as the way in which agency performance is communicated throughout the system.

Information Technology

Yancey Quinn and Bob Fowler

Information Technology facilitates the utilization and efficient operation of state-of-the-art technology capabilities to ensure the development, improvement and enhancement of IT support systems and processes throughout the ADAMHS Board system of care in an efficient and effective manner. The use of technology facilitates effective financial, performance data, communication capabilities, and enhances service delivery to consumers throughout Cuyahoga County. IT is closely tied to other components of the ADAMHS Board, but specifically to the QI / Evaluation and Research function.

Advocacy/Social Marketing

Scott Osiecki and Don Davies

Advocacy is active support of an idea, issue or cause that directly affects people's lives. Various methods of advocacy, including letter writing, personal visits, rallies, etc., are used to persuade decision makers regarding a variety of issues such as laws and budget allocations. An advocate openly speaks out on issues of concern in order to educate decision makers about a specific issue on behalf of the people that are affected by the decision.

Consumer Affairs

Rose Fini and Linda Holcker

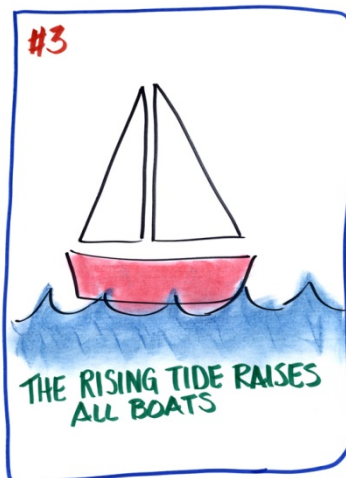
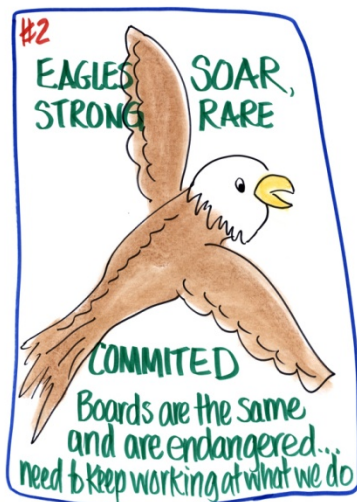
Consumer Affairs articulates planning goals and objectives to maximize consumer feedback and put consumer input into action, such as a standing pool of consumers to tap into for planning, policies and program design. Consumer affairs activities also foster compassion and understanding through development and implementation of consumer events and activities, visits to provider organizations and consumer-run facilities, and consumers presenting information and points of view to the ADAMHS Board staff and leadership.

Human Resources

Tami Fischer and Reverend Ben Gohlstin

Human Resources identifies planning goals and objectives to ensure full organizational utilization of the talents, experience and knowledge of the ADAMHS Board staff. Human Resources also provides access to quality human resources best practices, technical support activities and leadership throughout the system of care. HR shall ensure the recruitment, hiring and retention of competent personnel for the effective operation of the organization. Training and staff development activities and structure are key operational components of the ADAMHS Board of Cuyahoga County human resources component.

our METAPHORS



STRATEGIC GOALS

The following Strategic Goals were developed by the Strategic Planning Groups (SPG's) to respond to Strategic Initiative Areas and are the foundation on which the following ADAMHS Board of Cuyahoga County Strategic Plan was developed.

STRATEGIC INITIATIVE AREAS	STRATEGIC GOALS	STRATEGIC PLAN PAGE REFERENCE
Leadership	Establish stable, continuing funding base that meets community need.	14
Finance	Ensure financial viability of the ADAMHS Board and its service delivery system through efficient, accountable, and responsible financial management.	17
Clinical	Develop a seamless continuum of care which supports consumer recovery.	20
Program	Enhance and maintain a culturally competent, comprehensive and fully integrated system of behavioral healthcare, that is cost effective and outcome driven to promote resiliency and recovery for those most at risk and most in need.	23
Quality Improvement/ Evaluation and Research	Adopt a system-wide model of performance improvement that supports an organizational management philosophy that employs data-informed decision making.	26
Information Technology	Meet the needs of a changing system by adopting available technologies to help enable better collaboration and communication to best service that board, communities, and the consumers/ clients.	30
Advocacy/Social Marketing	Ensure recovery from AOD and mental illness is a permanent civic priority.	34
Consumer Affairs	Maximize consumer feedback and participation through multiple mechanisms.	38
Human Resources	Ensure the full organizational utilization of the talents, expertise and knowledge of ADAMHS Board staff, provider system and community stakeholders.	40

LEADERSHIP

GOAL: ESTABLISH A STABLE, CONTINUING FUNDING BASE THAT MEETS COMMUNITY NEED.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
1.0	Establish and maintain a Behavioral Health Citizens Action Group to support the Cuyahoga County behavioral health system in a unified manner (We will not allow single issues to distract from our unity).										
1.1	Clarify the mission of the Behavioral Health Citizens Action Group.		Board Chair, CEO & stakeholders	X						BHCAG Mission Clarified	BHCAG Meeting Minutes
1.2	Identify and recruit leadership for the Behavioral Health Citizens Action Group.		Board Chair, CEO & stakeholders	X						Participant Recruitment	BHCAG Roster
1.3	Identify and recruit members for the Behavioral Health Citizens Action Group.		Board Chair, CEO & stakeholders	X						Participant Recruitment	BHCAG Roster
1.4	Establish Behavioral Health Citizens Action Group meeting schedule and implement.		Board Chair, CEO & stakeholders	X						Schedule Established	BHCAG Meeting Minutes
1.5	Provide education to Behavioral Health Citizens Action group members.		Board Chair, CEO & stakeholders	X						Education Provided	BHCAG Meeting Minutes
2.0	Open, maintain, and strengthen liaisons with all levels of local, state and federal government.										
2.1	Create and maintain positive relationship with County Executive and County Council.		CEO, Board and Staff	X	X	X	X	X	X	Involvement of all community leaders	Meeting Schedule
2.2	Cultivate relationships with local, state and national foundations for system funding.		CEO, Board and Staff	X	X	X	X	X	X	Establish meetings with foundation representatives	Meeting Schedule
2.3	Establish monthly "Meet Your Legislator Day".		CEO, Board and Staff	X	X	X	X	X	X	Establish schedule	Meeting Schedule

Leadership (continued)

GOAL: ESTABLISH STABLE, CONTINUING FUNDING BASE THAT MEETS COMMUNITY NEED.

#	Objectives / Actions	Cost	Lead	Year				Performance Goal	Performance Measurement Source		
				Y1 Months		Y2 Months				Y3 Months	
				1-6	7-12	1-6	7-12	1-6	7-12		
3.0	Consider potential sources of expanded funding, including, but not limited to, a greater share of the Health and Human Services levy, or the possibility of a separate behavioral health levy.										
3.1	Establish exploratory committee to look at feasibility options.		CEO and Board	X						Establish Exploratory committee to look at feasibility options	Correspondence and agenda
3.2	Make recommendations to the Board.		CEO and Board		X					Formal recommendations to the Board	List of Recommendations
3.3	Develop and implement plan.		CEO and Board			X	X	X	X	Implementation of Completed plan	Plan activities schedule
4.0	Utilize awareness, sensitivity and timeliness in addressing prospective budget reductions with providers, consumers and the community.										
4.1	Identify and utilize transparent, effective, and timely mechanisms for communicating budget / funding decisions to the providers system.		CEO, Board and Staff	X	X	X	X	X	X	Budget Process	Communications with providers and community
5.0	Ensure the presence of a dynamic and knowledgeable ADAMHS Board of Directors.										
5.1	Develop and Implement Board self-evaluation.		Board Chair and CEO	X		X		X		Board Self Evaluation Tool completed, aggregated and reported	Board Self Evaluation Report
5.2	Evaluate and make recommendations to enhance new Board Members' orientation and ongoing Board education regarding system of care, Board Member role, etc.		Board Chair and CEO		X					1. Demonstrate Board Member Orientation and Education 2. OACBHA materials in Board packets	Board Meeting Minutes
5.3	Formally review and evaluate progress on the ADAMHS Strategic Plan.		Board Chair and CEO	X	X	X	X	X	X	Regular 6 month reviews of the Strategic Plan on the Board Agenda	Board Meeting Agenda and Meeting Minutes
5.4	Create team building through social interaction.		Board Chair and CEO	X	X	X	X	X	X	Establish and implement schedule	Board Meeting Minutes

Leadership (continued)

GOAL: ESTABLISH STABLE, CONTINUING FUNDING BASE THAT MEETS COMMUNITY NEED.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
6.0	Plan to succeed in a health care reform environment for continued provision of services.										
6.1	Enhance familiarity with health care reform legislation and the impact on behavioral health programs / services.		COO			X				Review and analyze published health care reform information	Health Care Reform material, consult with experts in the field and discussion with providers
6.2	Develop protocol for providers to partner with Managed Healthcare Organizations.		COO and CFO	X						Establish workgroup to develop "common practice" approaches between CMHCs and MHOs	Service delivery protocols
6.3	Technical assistance to providers to ensure maximum billing options (i.e. private insurance, Medicare, Medicaid)		COO and CFO	X						Non-Medicaid review process conducted semi-annually	Non-Medicaid review findings and reports

FINANCE

GOAL: ENSURE FINANCIAL VIABILITY OF THE ADAMHS BOARD AND ITS SERVICE DELIVERY SYSTEM THROUGH EFFICIENT, ACCOUNTABLE, AND RESPONSIBLE FINANCIAL MANAGEMENT.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
1.0	Construct the ADAMHS budget within the available annual revenues.										
1.1	Develop parameters for performance based budgeting and contracting process.		Chief Financial Officer	X	X	X	X	X	X	Adherence to RFI process Provider contracts based on provider performance	RFI response MACSIS data Outcome data Financial data Program data
1.2	Adopt the process protocols to meet the Performance Based Budget objective – Identifying and articulating clearly intended procurement strategy and process.		CFO, COO, CCO and Directors of Legal Affairs and QI / ER	X						Adherence to RFI process Contract based on provider performance	RFI response MACSIS data Outcome data Financial data Program data
1.3	Develop necessary protocols / parameters for addressing 3 rd party payer source, co pays and / or access to other payer sources for contracting purposes.		Chief Financial Officer			X	X	X	X	Obtain 3 rd party payer information on all clients Coordinate securing data from agencies and other third party entities	Number and dollar amount of client co pays Number and dollar amount of third party payments made through MACSIS Data sharing with 3 rd party entities
1.4	Inclusion of collaboration efforts with Federally Qualified Health Center, private payers, as vehicle to fund needed services or redirect to others.		CFO, COO, and CCO			X				Initiate collaborative service discussions	Sharing of data

Finance (continued)

GOAL: ENSURE FINANCIAL VIABILITY OF THE ADAMHS BOARD AND ITS SERVICE DELIVERY SYSTEM THROUGH EFFICIENT, ACCOUNTABLE, AND RESPONSIBLE FINANCIAL MANAGEMENT.

#	Objectives / Actions	Cost	Lead	Year				Performance Goal	Performance Measurement Source		
				Y1 Months		Y2 Months				Y3 Months	
				1-6	7-12	1-6	7-12	1-6	7-12		
2.0	Develop cash balance for innovative short-term programming and handling of financial emergency issues.										
2.1	Establish a 90 day cash balance.		CEO and Chief Financial Officer							Establish Board Approved Reserve Policy	Review of financial obligations Develop scenarios of appropriate % level Value of 90-day cash balance Weekly Financial System Monitoring
				X	X	X	X				
2.2	Establish protocols for percentage of funds to be held for reserve and protocols for accessing for emergency matters.		CEO and Chief Financial Officer							Establish Board Approved Financial Reserve Fund	Scenarios to determined % variable Criteria for accessing developed by Executive Council
				X	X	X	X				
2.3	Establish protocols for accessing funds inclusive of sustainability measures to allow access.		Chief Financial Officer							Establish Board Approved Financial Reserve Fund	Criteria for accessing developed by Executive Council Weekly Financial System Monitoring
				X	X	X	X				
3.0	Provide the financial analysis to continue movement of match liability from local government.										
3.1	Secure input of system data monitoring input for financial planning.		CEO and Chief Financial Officer							Implement a system for Financial Planning	Analyze Financial Data (ongoing)
				X	X	X	X	X	X		
3.2	Work jointly with leadership in identifying issues and impact of movement to preserve local funding.		CEO and Chief Financial Officer							Implement a system for Financial Planning	Analyze Financial Data (ongoing)
				X	X	X	X	X	X		

Finance (continued)

GOAL: ENSURE FINANCIAL VIABILITY OF THE ADAMHS BOARD AND ITS SERVICE DELIVERY SYSTEM THROUGH EFFICIENT, ACCOUNTABLE, AND RESPONSIBLE FINANCIAL MANAGEMENT.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
4.0	Ensure leadership staff demonstrates competencies in finance management.										
4.1	Provide finance / budgetary training to all leadership staff to include identified competency requirements.		Chief Financial Officer		X					Finance to develop training module to increase managers understanding of finance (90%)	Staff Development Plans, Attendance logs
4.2	Provide finance / budgetary training to provider system of care.		Chief Financial Officer	X		X		X		Provide one training annually to provider system	Training Schedule, Fiscal Department meeting minutes, training attendance

CLINICAL

GOAL: DEVELOP A SEAMLESS CONTINUUM OF CARE WHICH SUPPORTS CONSUMER RECOVERY.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
1.0	Ensure availability of safety net services.										
1.1	Successfully implement the SCALE program.		Chief Clinical Officer and Chief Operating Officer	X						Regular meetings with SCALE staff and point persons	SCALE meeting minutes
1.2	Evaluate and prioritize the most critical crisis services to ensure safety net.		Chief Clinical Officer	X						Establish prioritized list of critical services	Prioritized list of critical services
1.3	Detoxification policy – continue to monitor.		Chief Clinical Officer	X						Monthly Detox provider meetings	Meeting minutes
1.4	Examine utilization of Methadone clinics and Suboxone in the system.	\$	Chief Clinical Officer			X				Reduced methadone waiting list; Expansion of suboxone treatment	a. Waiting list for methadone services b. Expand Suboxone availability for indigents
1.5	Develop and implement Mental Health First Aid training.	\$	Chief Clinical Officer			X				MHFA trainings scheduled and held	Training evaluations
1.6	Implement non-traditional entry into the treatment systems to decrease use of crisis services.	\$	Chief Clinical Officer			X				Safe house for women established	
2.0	Ensure adequate services for individuals not eligible for community mental health services.										
2.1	Align, consolidate or eliminate poorly performing provider agencies based on assessed community needs, priorities and available resources.		CEO, CFO, COO, CCO, Director of QI / ER	X						Meetings with Executive Council	RFI process
2.2	Establish funding track for shared resources to provide consultation for individuals not eligible for community mental health services.	\$	Chief Clinical Officer		X					Meetings with Program Unit	RFI process

Clinical (continued)

GOAL: DEVELOP A SEAMLESS CONTINUUM OF CARE WHICH SUPPORTS CONSUMER RECOVERY.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
2.3	Incorporate Trauma-Informed care into all service delivery systems.	\$	Chief Clinical Officer		X	X	X	X	X	Trauma Collaborative meetings	Meeting minutes
3.0	Develop a system of care to better manage clients in AOD crisis.										
3.1	Explore the option of Mobile Crisis Team conducting AOD assessments in ERs.	\$	Chief Clinical Officer	X						MCT meeting minutes	MCT Meeting minutes
3.2	Research and implement 72 hour AOD Crisis bed in adjacent psychiatry emergency room.	\$	CEO, CCO, and COO		X					Meetings with Program Unit	Meeting minutes
4.0	Explore medically based AOD – Residential services.										
4.1	Explore Public Academic Liaison with other hospital systems.		CCO and COO				X			Meet with CCF, Metrohealth and SVCMC systems to discuss	Meeting minutes
4.2	Explore expansion of PAL program to AOD agencies and FQHCs.	\$	CCO and COO			X				Meet with AOD agencies and FQHCs to discuss PAL program	Meeting minutes
4.3	Meet with potential partners to discuss feasibility of medically-based AOD-Residential services.		CCO and COO				X			Schedule meetings with partner agencies	Meeting minutes
4.4	Implement medical AOD Residential level of care in the community.	\$	CCO and COO					X		Choose partner agencies for this level of care	RFI Process
5.0	Improve the skills, knowledge, and performance of the existing provider workforce to enhance quality care.										
5.1	Enhance availability of "Mental health technology".	\$	CCO and COO			X				Meet with providers and IT Unit to discuss	Meeting minutes
5.2	Develop and implement plan to utilize College and University resources more fully to improve workforce competencies.		CCO and COO			X				Meet with local universities to establish training curricula.	Meeting minutes

Clinical (continued)

GOAL: DEVELOP A SEAMLESS CONTINUUM OF CARE WHICH SUPPORTS CONSUMER RECOVERY.

#	Objectives / Actions	Cost	Lead	Y1 Months		Year Y2 Months		Y3 Months		Performance Goal	Performance Measurement Source
				1-6	7-12	1-6	7-12	1-6	7-12		
5.3	Develop and implement uniform documentation guidelines.		CCO and COO					X		Meeting with program unit	Meeting minutes
6.0	Increase the numbers and types of individuals entering the workforce (including NPs and PAs).										
6.1	Develop plan to ensure workforce development and competence continuity.		CCO and COO			X				Meetings with Program Unit	Meeting minutes
6.2	Include improved utilization of Physician Assistants and Nurse Practitioners to augment psychiatric services in workforce plan.		CCO and COO			X				Meetings with CCC, KSU, Case, and NEOUCOM to explore options	Meeting minutes
6.3	Implement workforce development plan.		CCO and COO					X		Establish behavioral health tracks with partner universities	Documentation of enrolled students
7.0	Promote the integrated healthcare home model.										
7.1	Explore RFI for integrated medical home models.		Chief Clinical Officer				X				Meetings with Program Unit
7.2	Solidify partnerships with Federal Qualified Health Centers.		Chief Clinical Officer	X						Regular meetings and communication	Meeting minutes
7.3	Explore feasibility of provider agencies becoming Federal Qualified Behavioral Health Centers.	\$	Chief Clinical Officer					X		Stay informed on legislation and meet with interested providers	Meeting minutes
7.4	Solidify advocacy role with local, state, federal public funding entities. Foundation?		Chief Clinical Officer		X					Meet regularly with External Affairs Unit	Meeting minutes
7.5	National Council membership and role.	\$	Chief Clinical Officer	X						Check to see if membership active	Membership renewal forms
7.6	Utilize Free Clinic as foundation for integrated Healthcare home model.		Chief Clinical Officer			X				Meetings with Free Clinic	Meeting minutes

PROGRAM

GOAL: ENHANCE AND MAINTAIN A CULTURALLY COMPETENT, COMPREHENSIVE AND FULLY INTEGRATED SYSTEM OF BEHAVIORAL HEALTHCARE THAT IS COST EFFECTIVE AND OUTCOME DRIVEN TO PROMOTE RESILIENCY AND RECOVERY FOR THOSE MOST AT RISK AND MOST IN NEED.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source	
				Y1 Months		Y2 Months		Y3 Months				
				1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Identify system priorities and initiatives consistent with Federal, State and Local planning needs.											
1.1	Use MACSIS data and Needs Assessment results to identify profiles and service mix of current consumers while identifying potential "gap" areas.		COO, CCO and Director of QI/ER		X						Analyze data to identify "underserved" populations Convert available data into LOC format Develop capacity to report data based on cost of service per client Identify need for additional clinical and recovery support services (service gaps)	Needs Assessment data MACSIS LOC workgroup LOC workgroup Executive Council Needs Assessment data
1.2	Identify ADAMHS Board service and program priorities within the system of care.		COO and CCO	X	X	X	X	X	X		Establish list of prioritized services and programs	List of prioritized services and programs
1.3	Develop performance based contracting procedure / process for services and programs.		COO, CCO, CFO, and Directors of Legal Affairs of QI / ER			X					Review models of performance based contracting Convene workgroup to establish criteria	Model reviews Meeting minutes Performance Based Contract
1.4	Thoroughly analyze currently funded programs on performance to align with available funds and resources.		CFO and COO	X							Conduct program review in relation to system priorities	Program reviews RFI
1.5	Align, consolidate or eliminate poorly performing provider agencies based on assessed community needs, priorities, and available resources.		COO	X							Analyze program review findings to recommend discontinuation of poorly performing agencies	Program reviews RFI

Programming (continued)

GOAL: ENHANCE AND MAINTAIN A CULTURALLY COMPETENT, COMPREHENSIVE AND FULLY INTEGRATED SYSTEM OF BEHAVIORAL HEALTHCARE THAT IS COST EFFECTIVE AND OUTCOME DRIVEN TO PROMOTE RESILIENCY AND RECOVERY FOR THOSE MOST AT RISK AND MOST IN NEED.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
2.0	Identify and prioritize best practice standards for prevention programs and treatment services.										
2.1	Familiarize stakeholders, with existing best practice models for prevention programs, treatment and recovery support services.		Director of QI/ER and COO	X						Provide TA to prevention providers on various best practice curricula	Training evaluations Prevention Roundtable meeting minutes
2.2	Advocate for resources to support training efforts.	\$	COO and Training Institute Chair	X	X	X	X			Integrate training on prevention best practice models into the Training Institute Advocate for continued funding for support of the Training Institute	Training Institute Workgroup meeting minutes
2.3	Mobilize and develop pool of local expertise to deliver training to the service delivery system.		COO and Director of External Affairs		X					Create and utilize roster of resources for training / development	Resource roster and schedule of trainings
2.4	Facilitate complete implementation of the SCALE project.		COO and CCO	X	X	X				Project Completion	SCALE Oversight Comm.
3.0	Increase system knowledge base to provide services to consumers with a variety of co-occurring disorders and older adults.										
3.1	Develop and implement staff training components and schedule.	\$	COO	X	X	X	X	X		Develop and implement training opportunities	Completed schedule and record of completed trainings
3.2	Schedule community education and awareness activities.	\$	COO	X	X	X	X	X		Develop and implement community education and awareness activities	Completed schedule and record / log of completed activities

Programming (continued)

GOAL: ENHANCE AND MAINTAIN A CULTURALLY COMPETENT, COMPREHENSIVE AND FULLY INTEGRATED SYSTEM OF BEHAVIORAL HEALTHCARE THAT IS COST EFFECTIVE AND OUTCOME DRIVEN TO PROMOTE RESILIENCY AND RECOVERY FOR THOSE MOST AT RISK AND MOST IN NEED.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
4.0	Support efforts to recruit and retain highly qualified direct service workforce.										
4.1	Explore options to recruit and retain Behavioral Health Workforce.	\$	COO, CCO and Director of External Affairs			X				Established Behavioral Health Workforce Plan	Behavioral Health Workforce Plan

QI/EVALUATION AND RESEARCH

GOAL: ADOPT A SYSTEM-WIDE MODEL OF PERFORMANCE IMPROVEMENT THAT SUPPORTS AN ORGANIZATIONAL MANAGEMENT PHILOSOPHY THAT EMPLOYS DATA-INFORMED DECISION MAKING.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source	
				Y1 Months		Y2 Months		Y3 Months				
				1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Update the Cuyahoga County ADAMHS Board Performance Improvement Plan.											
1.1	Develop / Identify system-wide PI Process system-wide in collaboration with providers.		Director of QI/ER		X						Review research, consult with other boards, and healthcare improvement organizations, and implement model	PI Plan Executive Council minutes, Board Meeting Minutes
1.2	Develop / Identify system-wide PI Outcome Measurement System in collaboration with providers.		Director of QI/ER		X	X	X				Review research, consult with other boards, and healthcare improvement organizations, and implement tool	PI Plan Executive Council minutes, Board Meeting Minutes
1.3	Develop / Identify system Program Evaluation model / tool in collaboration with providers.		Director of QI/ER			X					Review research, consult with other boards, and healthcare improvement organizations	PI Plan Executive Council minutes, Board Meeting Minutes
1.4	Develop / Identify reporting Structure to leadership / system in collaboration with providers.		Director of QI/ER				X				Implement reporting schedule	PI Plan, Executive Council minutes, Board Meeting Minutes
2.0	Develop standardized outcome measures to evaluate program performance and effectiveness.											
2.1	Identify system-wide outcome measures for all specific services to include residential, partial hospitalization, employment, and housing.		Director of QI/ER			X					Review research, consult with other boards, and healthcare organizations, and healthcare improvement organizations	PI Plan Meeting Minutes

QI/Evaluation and Research (continued)

GOAL: ADOPT A SYSTEM-WIDE MODEL OF PERFORMANCE IMPROVEMENT THAT SUPPORTS AN ORGANIZATIONAL MANAGEMENT PHILOSOPHY THAT EMPLOYS DATA-INFORMED DECISION MAKING.

#	Objectives / Actions	Cost	Lead	Year				Performance Goal	Performance Measurement Source		
				Y1 Months		Y2 Months				Y3 Months	
				1-6	7-12	1-6	7-12			1-6	7-12
2.2	Develop service – specific outcome and success indications.		Director of QI/ER			X			Review research, consult with other boards, and healthcare organizations, consult with providers, consumers, and other stakeholders	PI Plan Meeting Minutes	
2.3	Evaluate and make recommendations to standardize the reporting process across funding systems and different funders to reduce duplication of effort.		Director of QI/ER					X	Meet with other funders, review requirements, collaborate on areas of potential standardization	Funders Evaluation Report	
3.0	Implement Dashboard / GPS										
3.1	Identify key elements / reports / data for Dashboard model.		Director of QI/ER			X			Review research, consult with other boards, and healthcare organizations	Meeting Minutes, Executive Council minutes Dashboard and PI Plan	
3.2	Develop / include measures of provider and consumer prospective.		Director of QI/ER			X			Hold focus meetings & groups with consumers and provider reps	Meeting minutes, focus group theme reports, Dashboard and PI Plan	
3.3	Ask providers and consumers what they want on dashboard.		Director of QI/ER			X			Hold focus meetings & groups with consumers and provider reps	Meeting minutes, focus group theme reports, Dashboard and PI Plan	
3.4	Ensure recovery measures are articulated and included.		Director of QI/ER			X			Adopt a recovery measure	Dashboard and PI Plan	

QI/Evaluation and Research (continued)

GOAL: ADOPT A SYSTEM-WIDE MODEL OF PERFORMANCE IMPROVEMENT THAT SUPPORTS AN ORGANIZATIONAL MANAGEMENT PHILOSOPHY THAT EMPLOYS DATA-INFORMED DECISION MAKING.

#	Objectives / Actions	Cost	Lead	Year				Performance Goal	Performance Measurement Source		
				Y1 Months		Y2 Months				Y3 Months	
				1-6	7-12	1-6	7-12	1-6	7-12		
3.5	Formalize Dashboard model.		Director of QI/ER				X				Implement reporting of specific measures including best technology to communicate data
3.6	Establish regular Dashboard reporting process schedule.		Director of QI/ER			X				Implement reporting schedule	Dashboard reports and PI Plan
4.0	Integrate QI / Evaluation and Research with IT across system.										
4.1	Complete analysis / appraisal of PI / IT data compatibilities across systems.		Director of QI/ER		X					Design and conduct survey	PI / IT data system compatibilities report
4.2	Establish minimum threshold of capabilities.		Director of QI/ER			X				All providers capable of meeting threshold	PI / IT data system compatibilities report, RFI 2011 Instructions RFI Funding Recommendation Report
5.0	Provide leadership / technical assistance at the county and state level.										
5.1	Identify system needs as they relate to Performance Improvement and Evaluation and Research.		Director of QI/ER	X	X	X	X	X	X	Demonstrate TA activity to provider system at least 1 x per month	Quarterly PI system report
5.2	Increase collaborative opportunities with the Cuyahoga County and state systems.		Director of QI/ER	X	X	X	X	X	X	Implement at least one new collaborative project annually	Project reports, Exec Council Meeting Minutes, Board Meeting Minutes

QI/Evaluation and Research (continued)

GOAL: ADOPT A SYSTEM-WIDE MODEL OF PERFORMANCE IMPROVEMENT THAT SUPPORTS AN ORGANIZATIONAL MANAGEMENT PHILOSOPHY THAT EMPLOYS DATA-INFORMED DECISION MAKING.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
6.0	Continue development of performance-based funding.										
6.1	Work in collaboration with other ADAMHS Board departments to develop, implement and monitor performance-based funding model.		Director of QI/ER, COO, CCO, CFO and Director of Legal Affairs		X					Use program specific data measures to inform funding decisions based on quality	RFI 2011 Instructions RFI Funding Recommendation Report
7.0	Continue development of Research collaborative between the Board, educational institutions, and contract service providers										
7.1	Establish and advertise research opportunities for faculty members and graduate students using Board data.		Director of QI/ER	X						Collaborative research carried out	PI Plan, published research and technical reports
7.2	Establish an annual symposium for the providers to present the various quality improvement studies performed as part of their continuing improvement efforts.		Director of QI/ER		X					Successful symposium held annually	PI Plan, symposium agendas, attendance sheets, and research materials
7.3	Present research results at local, regional, and national meetings		Director of QI/ER		X					Present findings at each level at least once annually	Conference Agendas and published abstracts

INFORMATION TECHNOLOGY

GOAL: MEET THE NEEDS OF A CHANGING SYSTEM BY ADOPTING AVAILABLE TECHNOLOGIES TO HELP ENABLE BETTER COLLABORATION AND COMMUNICATION TO BEST SERVICE THE BOARD, COMMUNITIES, AND THE CONSUMERS/CLIENTS.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source	
				Y1 Months		Y2 Months		Y3 Months				
				1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Facilitate complete implementation of the SCALE project.											
1.1	Planning and implementation of data exchange (Pre-assessment).		SCALE Over Sight Comm. and IT	X							A Working IT Process for this Data Exchange	SCALE Meeting Notes. Datasets exchange.
1.2	Ensure SOQIC data exchange within SCALE project.		Director of IT	X							A Working IT Process for this Data Exchange	SCALE Meeting Notes. Datasets exchange.
1.3	Prepare SCALE project evaluation plan.		Director of QI / ER	X	X						Work with Director of RE to establish goals	SCALE Meeting Notes.
1.4	Complete all required Board SCALE-related training components.		TBD	X	X						Train users on Board interface	User feedback and approval.
1.5	Monitor implementation process.		TBD	X	X						With SCALE, help establish Metrics Oversight Committee	SCALE Meeting Notes; User feedback and approval
2.0	Assisting with the Federal Mandated technology requirements.											
2.1	Changes to provider systems to meet need. (Provider)		Director of IT		X						To check status of providers readiness via survey	Provider feedback
2.2	Tier testing (Provider, Board, State).		Director of IT	X	X			X	X		To have Providers pass both rounds of tier testing before go live dates	Provider Tracking sheets for both round of testing.
2.3	Implement change (Provider) of systems.		Director of IT			X					To check status of providers implementation via survey	Provider feedback

Information Technology (continued)

GOAL: MEET THE NEEDS OF A CHANGING SYSTEM BY ADOPTING AVAILABLE TECHNOLOGIES TO HELP ENABLE BETTER COLLABORATION AND COMMUNICATION TO BEST SERVICE THE BOARD, COMMUNITIES, AND THE CONSUMERS/ CLIENTS.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
3.0	Ensure IT role in the Accufund rollout.										
3.1	Coordinate implementation of Accufund.		Director of IT and CFO	X						Help Coordinate implementation of Accufund between the VAR, The Vendor, and the Board's IT and Finance Department	VAR and Finance Department Feedback
3.2	Ensure training of staff by value added reseller.		Director of IT and CFO	X						Help Coordinate Training Meetings between VAR and Finance Department	Staff login Sheets
3.3	Test system process prior to rollout.		Director of IT and CFO	X						Have Finance Department run test on system	Finance Department approval and Feedback
3.4	Implement and adopt Accufund in Live environment.		Director of IT and CFO	X						Have Finance Department determine "Go Live" status	Finance Department approval and Feedback
3.5	Ensure Accufund report development.		Director of IT and CFO	X						Work with Finance Department to identify any needed custom reports	Finance Department approval and Feedback
4.0	Evaluate and secure current collaborative tools (i.e. SharePoint).										
4.1	Research, gain approval and buy in from Board leadership staff and provider community.	\$	Director of IT	X						Get Leadership approval on such a project	ED and Board approval.
4.2	Training for IT Staff.	\$	Director of IT and Staff Leaders		X					To get IT training on selected products.	Classes Training Certificates.
4.3	Establish Data governance for Projects.		Director of IT			X				Establish leadership group participation.	Adoption of a Data Government Collaboration Policy

Information Technology (continued)

GOAL: MEET THE NEEDS OF A CHANGING SYSTEM BY ADOPTING AVAILABLE TECHNOLOGIES TO HELP ENABLE BETTER COLLABORATION AND COMMUNICATION TO BEST SERVICE THE BOARD, COMMUNITIES, AND THE CONSUMERS/ CLIENTS.

#	Objectives / Actions	Cost	Lead	Year				Performance Goal	Performance Measurement Source		
				Y1 Months		Y2 Months				Y3 Months	
				1-6	7-12	1-6	7-12	1-6	7-12		
4.4	Development and Testing for selected Projects.	\$	Director of IT			X				Selection of projects to use this technology	Creation on usable products and community users buy in
4.5	Training for Community		Director of IT				X			Development of Community workshops	Number of workshop attendees
5.0	Develop Internal / External Users group										
5.1	Develop and implement ADAMHS Board internal IT users group.		Director of IT	X						Establish internal user Group	Establish Meeting Schedule
5.2	Utilize structure sharing training between staff members of expertise in commonly used applications (e.g. Word, Excel, Outlook, etc.).		Director of IT		X					Have Regularly scheduled meetings	Staff Sign-in Logs
5.3	Develop and implement a system-wide users group.		Director of IT			X				Expand group to include outside communities	External Provider Sign in Sheets
6.0	Improve technology used in the Board's Disaster Recovery Plan (DRP)										
6.1	Researching technology to improve Board's Recovery Time Objective (RTO)		Director of IT	X	X					Work with Hardware and software vendors to research DRP solutions	Have CEO approval strategy for improvements
6.2	Establish the Board's Recovery Time Objective (RTO). Recovery Time Objective is the amount of time it should take to recovery lost services.		Director of IT			X				To Determine the Board's Recovery Time Objective	Meet with Executive Council to establish an RTO
6.3	Establish steps needed for DRP to improve the Board's RTO.		Director of IT			X				To identify steps needed to meet the Board's RTO	An improved vision of the DRP
6.4	Establish Budget for selected steps to meet the DRP.		Director of IT			X				To have an approved budget for project	A Board approved budget via board Meeting notes
6.5	Select technology strategies to help improve DRP process to meet established RTO.		Director of IT				X			Determine the best technologic fit to meet the Board's Recovery Time Objective	A formal RFP process that meets the technical requirements for the Board

Information Technology (continued)

GOAL: MEET THE NEEDS OF A CHANGING SYSTEM BY ADOPTING AVAILABLE TECHNOLOGIES TO HELP ENABLE BETTER COLLABORATION AND COMMUNICATION TO BEST SERVICE THE BOARD, COMMUNITIES, AND THE CONSUMERS/ CLIENTS.

#	Objectives / Actions	Cost	Lead	Year				Performance Goal	Performance Measurement Source		
				Y1 Months		Y2 Months				Y3 Months	
				1-6	7-12	1-6	7-12			1-6	7-12
6.6	RFP Process for vendor selection		Director of IT				X			To have an RFP process established.	A Hardware / Software Vendor selected
6.7	Implement selected technology to meet identified steps to improve the RTO in the DRP.	\$	Director of IT					X		To implement the new technology	An improved RTO and DRP

ADVOCACY/SOCIAL MARKETING

GOAL: ENSURE RECOVERY FROM AOD AND MENTAL ILLNESS IS A PERMANENT CIVIC PRIORITY.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
1.0	Increase the visibility and community's understanding of the ADAMHS Board of Cuyahoga County while establishing the importance of mental health and alcohol and other addiction services as a civic value.										
1.1	Open, maintain and strengthen relationships with the local community and all forms of media.		Board of Dir. and CEO	X	X	X	X	X	X	Identification of possible community and media champions Identification of possible non-traditional community and media relationships	People selected as community and media champions Number of community and media appearances with champions Number of new relationships formed
1.2	Build and / or maintain effective relationships with the media to inform the public about the ADAMHS Board and behavioral health issues.		CEO and Dir. of Ext. Affairs	X	X	X	X	X	X	Increase visibility of the ADAMHS Board Increase understanding of behavioral health issues	Number of media hits mentioning the ADAMHS Board Use of survey to gauge public's understanding and awareness of the ADAMHS Board and behavioral health issues
1.3	Develop and publish tools for the public that describe the ADAMHS Board, service providers and how to access services.		Dir. of Ext. Affairs	X	X	X	X	X	X	Inform the community about the ADAMHS Board, and services available from providers through various publications and electronic sources	Publication of the Services Directory Maintenance of ADAMHS Board Web site Publication and distribution of the <i>CEO Headliners</i> and other publications

Advocacy (continued)

GOAL: ENSURE RECOVERY FROM AOD AND MENTAL ILLNESS IS A PERMANENT CIVIC PRIORITY.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
1.4	Identify new corporate and public partnerships.		CEO, Dir. of Ext. Affairs and Board of Dir.	X	X	X	X	X	X	Increase corporate, non-profit and public partnerships to promote the understanding of behavioral health issues Increase corporate, non-profit and public partnerships to promote support of the ADAMHS Board and behavioral health issues	Development of Corporate sponsorship/relationship package Number of new partnerships developed
1.5	Offer behavioral health training to the public and partner systems via the Training Institute.		Dir. of Ext. Affairs	X	X	X	X	X	X	Development of workshops with general behavioral health information for the public and other systems to be added to the Training Institute	Number of workshops with general behavioral health focus Number of workshop attendees
2.0	Educate the elected officials, providers, and public about mental health, alcohol, drug, and other addiction issues.										
2.1	Continue involvement in Public Awareness and other related Campaigns: <ul style="list-style-type: none"> • Of-1-Mind Campaign • Treatment Works... People Recover Campaign • Behavioral Health Care is Health Care Campaign • Suicide Prevention Campaign 		Dir. of Ext. Affairs, CEO and Board of Dir.	X	X	X	X	X	X	Maintain active involvement in promoting behavioral health care issues to the public	Number of campaign related activities, ads, etc. Increased awareness of behavioral health issues

Advocacy (continued)

GOAL: ENSURE RECOVERY FROM AOD AND MENTAL ILLNESS IS A PERMANENT CIVIC PRIORITY.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
2.2	Develop and implement a cross training and system orientation curriculum for system-wide providers as part of the Training Institute.		Dir. of Ext. Affairs and other Department Chiefs and Directors.	X	X	X	X	X	X	Develop workshops for providers that include an orientation of the ADAMHS Board, system overview and cross system training to be added to the Training Institute	Number of workshops developed Number of attendees at each workshop
2.3	Ensure sustainability of the Training Institute by recruiting trainers from the providers at no cost to the ADAMHS Board.		CEO and Dir. of Ext. Affairs	X	X	X	X	X	X	Recruitment of trainers at no cost	Number of trainers from providers at no cost
3.0	Support leadership efforts to increase funding.										
3.1	Establish Behavioral Health Citizens Action Group consisting of key stakeholders to identify local funding stream opportunities dedicated to behavioral health, and to educate public policy decision makers about the need for services and funding.		CEO, Board of Dir. and Dir. of Ext. Affairs	X						Identify and invite key stakeholders to participate in Behavioral Health Citizens Action Group	Development and membership of Behavioral Health Citizens Action Group Activities and accomplishments of the Behavioral Health Citizens Action Group
3.2	Support state-wide funding strategy that describes a solution for sustaining community behavioral health treatment in the State of Ohio.		CEO, Board of Dir. and Dir. of Ext. Affairs	X		X		X		Continue to support the OACBHA three-tier funding strategy	Acceptance of the OACBHA three-tiered funding strategy by the Governor and legislators

Advocacy (continued)

GOAL: ENSURE RECOVERY FROM AOD AND MENTAL ILLNESS IS A PERMANENT CIVIC PRIORITY.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
3.3	Advocate for a separate Cuyahoga County funding stream dedicated for behavioral health services.		Dir. of Ext. Affairs	X	X	X	X	X	X	Development of workshops with general behavioral health information for the public and other systems to be added to the Training Institute	Number of workshops with general behavioral health focus 2. Number of workshop attendees
3.4	Prepare appropriate materials and plan activities to support funding initiatives.	\$	CEO and Dir. of Ext. Affairs	X		X		X		Development of materials and activities that educate key stakeholders about the need for appropriate funding	Number and success of materials and events, such as fact sheets, talking points, press conferences, rallies, etc.
4.0	Develop and implement an annual advocacy action agenda.										
4.1	Identify and prioritize advocacy issues/areas to include in the advocacy Action Agenda.		CEO, Board of Dir. and Dir. of Ext. Affairs	X		X		X		Identify advocacy issues during the Community Relations and Advocacy Committee	Development of an annual Advocacy Action Agenda, approval by the Full Board of Directors and distribution to key stakeholders
4.2	Utilize the advocacy action agenda to develop messages to legislators, state agencies, policy makers, consumers, providers and the general public.		CEO, Board of Dir. and Dir. of Ext. Affairs	X	X	X	X	X	X	Develop ADAMHS Board's messages to legislators, state agencies, policy makers, consumers, providers and the general public	Number of e-mailings issued updating the public about legislative issues and advocacy action alerts Number of contacts with legislators and key decision makers Advocacy accomplishments attained each year

CONSUMER AFFAIRS

GOAL: MAXIMIZE CONSUMER FEEDBACK AND PARTICIPATION THROUGH MULTIPLE MECHANISMS.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3			
				1-6	7-12	1-6	7-12	1-6	7-12		
1.0	Develop and Implement consistent, regular town hall meetings with targeted audiences on specific topics. (Kids, Families, AOD, MH consumers).										
1.1	Identify topics / audience for town hall meetings.		Director of Legal Affairs and Appreciative Inquiry Chair	X		X		X		Involve consumers in identification of topics	Meeting Minutes
1.2	Conduct town hall meetings		Director of Legal Affairs and Appreciative Inquiry Chair		X		X		X	Increase consumers input into ADAMHS Board policy and planning	Meeting Attendance Sheets
2.0	Utilizing new technology to protect anonymity / confidentiality to gather as much feedback as possible.										
2.1	Develop / Utilize blogs, social networking, etc.		Director of Legal Affairs and Appreciative Inquiry Chair		X	X	X	X	X	Increase consumers' feedback on mental health and AOD issues	Documentation of technology usage
3.0	Create & Empower a multi-disciplinary team (Clinical, Planning, Consumer Affairs, Prevention, and QI) to engage consumers and sometimes "Non-consumers" in focus groups.										
3.1	Establish multi-disciplinary team and define topic		Director of Legal Affairs and Appreciative Inquiry Chair	X		X		X		Creation of team	List of team members
3.2	Conduct a focus group		Director of Legal Affairs and Appreciative Inquiry Chair		X		X		X	Empowerment of consumers by greater participation	Notes from focus group
3.3	Present focus groups results to ADAMHS Board of Directors.		Director of Legal Affairs and Appreciative Inquiry Chair		X		X		X	Increasing consumers' avenues of input to Board of Directors policy and decision-making	Board of Directors Meeting Minutes

Consumer Affairs (continued)

GOAL: MAXIMIZE CONSUMER FEEDBACK AND PARTICIPATION THROUGH MULTIPLE MECHANISMS.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
3.4	Disseminate results to ADAMHS Board service providers and staff.		Director of Legal Affairs and Appreciative Inquiry Chair		X		X		X	Increase accessibility of consumers' feedback to stakeholders	Publication of focus group results
4.0	Create an active pool of MH, AOD, Kids and Adult consumers and family members who represent a cross-section of agencies, geography and cultures to serve.										
4.1	Recruit and establish pool.		Director of Legal Affairs and Appreciative Inquiry Chair	X		X		X		Create a reliable and available group of consumers who will be able to respond to n various requests for consumer input	List of individuals willing to serve
4.2	Conduct focus groups as needed –for Requests for Proposal (RFP), Requests for Qualification (RPQ), Requests for Information (RPI) Committees – In program planning during program creation and implementation – With advocacy effort – Training institute – On artistic expression		Director of Legal Affairs and Appreciative Inquiry Chair		X	X	X	X	X	Increase the available methods for consumer participation	List of activities in which consumers engaged
4.3	Invite consumer participation in education / training, regarding Advisory Board facilitation / Participation.		Director of Legal Affairs and Appreciative Inquiry Chair	X				X		Increase consumers' skills and ability to effectively serve on committees and other groups	List of trainings consumers were able to access
5.0	Capture consumer and family stories of lives impacted by MH or Addiction through creative expression of wellness, advocacy, marketing and stigma reduction. -Video – Art – Music – Poetry - Dance										
5.1	Solicit / Involve Community Partners including universities, schools, agencies, etc.		Director of Legal Affairs and Appreciative Inquiry Chair	X		X		X		Increase collaboration with other entities to maximize consumer voice	List of entities involved with assisting in soliciting consumers' stories and voice
5.2	Develop and implement "Celebration of Recovery" event(s).		Director of Legal Affairs and AI Chair			X		X		2 per year in years 2 and 3	Videos, poetry, live performances

HUMAN RESOURCES

GOAL: ENSURING THE FULL ORGANIZATIONAL UTILIZATION OF THE TALENTS, EXPERTISE AND KNOWLEDGE OF ADAMHS BOARD STAFF, PROVIDER SYSTEM AND COMMUNITY STAKEHOLDERS.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
1.0	Provide education to Board Staff.										
1.1	Create a more structured, in-depth, scheduled orientation for Board staff.		Director of Human Resources	X	X					Develop in-depth electronic staff orientation presentation / packet Update electronic staff orientation as needed	Completion of the electronic presentation Completion of orientation packet Completion of new hire paperwork Training schedule and follow-up report
1.2	Include Board of Director information in staff orientation (i.e., committee structure, Robert's Rules, etc.).		Director of Human Resources	X	X					Develop in-depth electronic staff orientation presentation / packet that includes Board of Director information	Orientation includes broader knowledge of the Board of Director's roles, responsibilities and committee structure
1.3	Increase frequency and related content trainings on a regular basis to Board staff	\$	Director of Human Resources	X	X	X	X	X	X	Develop staff training schedule.	Published staff training schedule with topics that include sexual harassment, ethics, drug free workplace, computer training, etc. 2. Number of completed staff trainings

Human Resources (continued)

GOAL: ENSURING THE FULL ORGANIZATIONAL UTILIZATION OF THE TALENTS, EXPERTISE AND KNOWLEDGE OF ADAMHS BOARD STAFF, PROVIDER SYSTEM AND COMMUNITY STAKEHOLDERS.

#	Objectives / Actions	Cost	Lead	Year						Performance Goal	Performance Measurement Source
				Y1 Months		Y2 Months		Y3 Months			
				1-6	7-12	1-6	7-12	1-6	7-12		
2.0	Promote quality HR best practices, technical support activities and leadership throughout the system.										
2.1	Recruit additional provider membership in the Board / Agency HR work group.		CEO and Director of Human Resources	X		X		X		Invitation letter to all providers to join the existing Board / Agency HR Workgroup Development of topics by HR Workgroup Development of workshops with HR focus to be included in the Training Institute	Number of providers who join the committee Number of attendees at each meeting HR Workgroup meeting summary reflects topics discussed. Number of workshops with HR focus

Addendum

**ADAMHS Board of Cuyahoga County
Strategic Plan Community Stakeholders**

Thank you!
for all you do

**ADAMHS BOARD OF CUYAHOGA COUNTY STRATEGIC PLAN
COMMUNITY STAKEHOLDERS
December 1 and 2, 2010**

ADAMHS Board Members

NAME	ORGANIZATION
Rev. Charlotte Still-Noble	Chair, Board of Directors
Rev. Iris Lynn Bailey	Board Member
David Biegel, Ph.D.	Board Member
Reginald C. Blue, Ph.D.	Board Member
Pastor Charles E. Brown	Board Member
Eugenia Cash	Board Member
Marc Crosby	Board Member
Tatiana Falcone, M.D.	Board Member
Richard A. Folbert	Board Member
J. Robert Fowler, Ph.D.	Board Member
Rev. Benjamin F. Gohlstin, Sr.	Board Member
Pythias D. Jones, M.D.	Board Member
Rick A. Kemm	Board Member
J. Richard Romaniuk, Ph.D.	Board Member
Harvey A. Snider	Board Member
Ericka L. Thoms	Board Member
Mary R. Warr	Board Member
Anngela Williams	Board Member

ADAMHS Board Staff

NAME	ORGANIZATION
William M. Denihan	Chief Executive Officer
Valeria A. Harper	Chief Operating Officer
Cassandra Richardson	Chief Financial Officer
Christina Delos Reyes, M.D.	Chief Clinical Officer
Scott Osiecki	Director of External Affairs
Rose Fini	Director of Legal Affairs
Tami Fischer	Director of Human Resources
Yancey Quinn	Director of IT
Cindy Chaytor	Adult Projects Administrator
Linda Torbert	Children Projects Administrator
Michael Doud	Community Resources Administrator
Lisa Griffith	Prevention Administrator
Ralph Piatak	Financial Analyst Administrator
Starlette Sizemore-Rice	Public Benefits Administrator
Cheryl Fratalone	Claims and Membership Administrator
Kevin Berg	Children's Project Specialist
Chris Morgan	Resource Specialist
Beth Pfohl	Grants Officer
Tom Williams	Data/Research Specialist

Provider Agency Representatives

NAME	ORGANIZATION
Mary Bazie	Executive Director, Hitchcock Women's Center
David Colletti	Chief Executive Officer, Northcoast Behavioral Healthcare
Lovell Custard	Chief Executive Officer, Murtis H. Taylor MSC
Lori D'Angelo, Ph.D.	Executive Director, Magnolia Clubhouse
Don Davies	Community Relations Coordinator, New Directions
Maureen Dee	Executive Director, Catholic Charities Services Corporation
Frank Fecser, Ph.D.	Executive Director, Positive Education Program
Rick Hill, M.D.	Clinical Director, Recovery Resources
Adam Jacobs, Ph.D.	Chief Executive Officer, Bellefaire JCB
Sr. Judith Ann Karam,	President and Chief Executive Officer, UHHS/CSAHS (St. Vincent Charity Medical Center)
Kathy Kazol	Executive Director, Emerald development, & Economic Network,
Tom Martin,	Director of Evaluation, Positive Education Program
Mike Matoney	Executive Director, New Directions
Susan Neth	Executive Director, Mental Health Services for the Homeless,
Judith Peters	President, West Side Ecumenical Ministries
Esther Pla	Chief Executive Officer, Connections/HWA
Carlos Ramos, Ph.D.	Executive Director, Hispanic Urban Minority Alcoholism, and Drug Abuse Outreach Program
Debra Rex	Chief Executive Officer, Beech Brook
Margaret Roche	Executive Director, Stella Maris, Inc.
Robert J. Ronis, M.D., M.P.H.	University Psychiatrists of Cleveland, Inc.
Sharon Sobal Jordan	President and Chief Executive Officer, Center for Families & Children
Roberta Taliaferro	Programs Chief, Murtis H. Taylor MS Center
Mario Tonti, D.S.W.	President, Beech Brook

Community Representatives

NAME	ORGANIZATION
The Honorable Robert B. Adrine	Cleveland Municipal Court
Pamela Bradford	CFC
Michael Baskin	Executive Director, NAMI Northeast Ohio
Beverly Charles	Congresswoman Marcia Fudge's Office
Richard Cirillo	CCBMRDD
Elizabeth Cornachione	Mental Health Advocacy Coalition
Chris Couture	MHS
Regina Daniel	Judge Adrine's Office
Joan Englund	Executive Director, Mental Health Advocacy Coalition
Dan Flannery	Kent State University, Institute for the Study and Prevention of Violence
Kathy Gambatese	Family Member
Joseph Gauntner	Executive Director, Cuyahoga County Jobs and Family Services
Lee D. Hoffer, Ph.D., M.P.E.	Assistant Professor of Anthropology, Case Western Reserve University
Linda Holcker	Ticket to Work Program Manager and Benefits Specialist, The Employment Alliance
Vincent D. Holland	Cuyahoga County Court of Common Pleas
David L. Hussey, Ph.D.	Kent State University, Social and Behavioral Sciences, College of Public Health
Jennifer Kruse	Executive Director, Living Miracles
L. Douglas Lenkoski, M.D.	Community Representative
John Lisie	Shaker Heights Youth Center
Jeffery Lox	Bellefaire JCB

Donald Malone, M.D.,	Department Chair, Psychiatry and Psychology, Cleveland Clinic Foundation
Erika McDaniel	Recovery Resources
The Honorable K. J. Montgomery	Shaker Municipal Court
John Nosek	Director, Council of Agency Directors
Sylvia Pacifico	Executive Director, Women's Alliance for Recovery Services
Dan Peterca	Manager, Pretrial Services, Cuyahoga County Court of Common Pleas
Beth Reid	Adult Guardianship Services
Laurie Rokakis	Congressman Dennis J. Kucinich's Office
Cathy Rospotynski	ACAC President
Terrence Ryan	Executive Director, Cuyahoga County Department of Developmental Disabilities
Bill Sheehan	Family Member and Advocate
Judy Simpson	United Way
Mark I. Singer, Ph.D.	Leonard W. Mayo Professor of Family & Child Welfare, Mandel School of Applied Social Sciences, Case Western Reserve University
H. Bernard Smith	Community Representative
Robert Spada	Family Member and Advocate
William Stencil	Cleveland Municipal School District
Kathleen Stoll	Community Representative
Lisa Thomas	Care Alliance
Luis Vazquez	Cuyahoga County Department of Justice Affairs/Office of Reentry
David Visocky	Cuyahoga County Board of Developmental Disabilities
Rick Werner	Cuyahoga County Health and Human Services

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NAME

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ADAMHSCC
Director of Quality Improvement, Evaluation, and Research

Project Consultants

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Policy and Planning Associate, The Center for Community
Solutions

