



A D A M H S  
B O A R D  
*for*  
MONTGOMERY  
C O U N T Y

Alcohol, Drug Addiction and Mental Health  
Services Board for Montgomery County

Alcohol, Drug Addiction and Mental Health  
Services Board  
For Montgomery County

**STRATEGIC PLAN  
2009-2012**

*“Montgomery County residents will have access to proven quality treatment and prevention services that foster behavioral health recovery and resiliency and supports their integration into the community.”*

--ADAMHS Board Vision Statement, May 2009

## **INTRODUCTION**

The Alcohol, Drug Addiction & Mental Health Services Board for Montgomery County (ADAMHS) initiated a strategic planning effort in August 2008 to review, assess, and improve our knowledge and understanding of the current behavioral health landscape in Montgomery County and across the State of Ohio.

After World War II, mental health reform began as new treatments made community life realistic for many persons with a mental illness.

The 1963 Community Mental Health Centers Act fostered by President John F. Kennedy initiated a period of dramatic change.

In 1967, Ohio House Bill 648 created a community-based system of county and multi-county boards to plan and coordinate care. Due to this legislation the Community Mental Health and Retardation Board for Montgomery County was established.

The Board brought together community volunteers to oversee the development and funding of Community Mental Health Centers (CMHC's) and other programs serving the citizens of Montgomery County.

In 1988 Ohio passed the "Mental Health Act" that stressed the importance of community treatment rather than institutionalization. CMH Boards received even more authority to plan and develop local systems of care.

In 1989, Ohio recognized that a cabinet level department and local community control could best serve the recovery needs of Ohioans with substance abuse and/or drug addictions. Counties throughout Ohio reengineered their existing Community Mental Health Boards to also plan and oversee alcohol and other drug services.

Currently the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board for Montgomery County oversees the planning, development, funding, and evaluation of behavioral health services delivered by a network of nearly thirty (30) community based organizations.

In fiscal year 2008 this network provided service to more than 18,800 individuals at a system wide cost of \$ 66.9 million.

The recent closing of Twin Valley Psychiatric Hospital, Dayton Campus by the Ohio Department of Mental Health and initiatives to consider major changes in the method that Medicaid funded services are managed in Ohio have prompted the Board to look for new and innovative approaches to discharging its fiduciary and regulatory responsibilities while maintaining the very highest quality of services for citizens of Montgomery County.

Furthermore, the current economic downturn has severely affected the local workforce depleting financial and housing resources and intensifying the demand for behavioral health services. These changes in the fiscal landscape of Montgomery County requires that the ADAMHS Board and all of its community partners find new ways to work together in more efficient, effective, and collaborative ways.

The Board believes that strategic planning provides the opportunity to rethink what we do and how we do it. The Board's planning process requires openness to fundamental change in all areas – mission, policies, procedures, and operations.

Strategic planning requires one should revisit the key decisions that shaped the Board's current organizational structure and processes in the light of today's needs and conditions for effective decision-making.

Strategic planning does not necessarily:

- 1) Mean that one has to scrap everything and start over
- 2) Indict either the current processes or those who produced them;
- 3) Second-guess well-made decisions of the past that no longer stand up under the changed priorities of the present; or
- 4) Criticize the current ADAMHS Board and how it has evolved.

Strategic Planning is intended to:

- 1) Understand and place in context both the strengths and weaknesses of the current system;
- 2) Trace the many working relationships that run through the organization;
- 3) Evaluate what the ADAMHS Board has become;
- 4) Map the current organizational information and decision flows, not with an eye to replicating them, but in order to better build new ones; and
- 5) Create more effective and efficient systems and processes that can facilitate the goals of the Board and carry the ADAMHS Board into the future.

The Board recognizes that if the strategic planning effort is to succeed as anything more than a document-generation exercise, it must turn the mirror on ourselves and thoroughly explore all aspects of our organization and operations and be willing to address difficult or uncomfortable issues or findings that may arise in the research and stakeholder engagement process.

The Board launched its strategic planning process by issuing a competitive Request for Proposals (RFP). We received written proposals from two different organizations. Each response was carefully evaluated, references were checked and a decision was made to offer a consulting contract with TURN to assist in the development of a comprehensive strategic plan.

The strategic planning process began in earnest at the regularly scheduled ADAMHS board meeting on September 24, 2008. The ADAMHS Board and TURN presented the overall schedule and process for conducting the necessary community research, soliciting

stakeholder input, and developing a written and “living” strategic plan that would help guide our activities in the coming three years. Broad, diverse, and forthright participation was encouraged among all our community partners.

A project management team comprised of ADAMHS Board members and staff along with TURN representatives was established to guide the strategic planning process through its various stages and to make interim decisions regarding the development of data collection tools, stakeholder contacts, communications, and collation and reporting of the collected information.

Members of the ADAMHS Board strategic planning project management team included:

James Wilson, Board Chair  
Kathy Kuritar, Board Vice-Chair & Consumer/Family Representative  
Stanley Eichenauer, Board Member & Strategic Planning Committee Chair  
Gale Heller, Board Member  
Edmund Moore, Board Member  
Joe Szoke, Executive Director  
Lynn Voisard, Executive Administrative Assistant  
Marion Jackson, Director, Business Operations  
Beverly Jones-Arthur, Director, Behavioral Health Operations  
Bob Mullins, Director, Public Affairs  
Matthew Weinstein, Principal, TURN  
Karen Chrestay, Principal, TURN  
David Chrestay, Senior Consultant, TURN

The team met in person or via telephone conference for regular bi-weekly project updates, to review project materials, and otherwise direct project activities.

The project management team identified eleven (11) groups of stakeholders to be invited to participate in the strategic planning process:

ADAMHS Board & Staff  
Community Organizations/Representatives  
Consumers  
Education  
Government Offices/Agencies  
Health & Medical Centers  
Media/Public Notice  
Other ADAMHS Boards  
Professional/Trade Associations  
Provider Organizations  
Vendors

The project management team determined that four (4) major areas of inquiry were essential to obtaining current, relevant, and useful stakeholder data and feedback –

general knowledge and familiarity, evaluation of current operations, ideas for future consideration, and exploration of specific areas of interest and need.

A comprehensive survey instrument was developed, distributed, and tallied by our consultants. The survey was distributed to 243 stakeholders by a variety of methods including email, telephone inquiries, personal interviews, United States Postal Service, and telephone interviews. Eighty-four (84) surveys were returned and analyzed. In addition, staff from the ADAMHS Board completed internal and external Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis.

Based upon the SWOT analysis, many interviews, responses to questionnaires, and an analysis of current trends in the national behavior and general healthcare area, the project management team drafted a list of goals, strategies and activities. This list was reviewed subsequently by members and key staff of the ADAMHS Board, along with a score of community stakeholders. Taking into account the important comments offered by the reviewers, the project management team redrafted the document for further review by members of the ADAMHS Board. It was presented for First Reading at a regular meeting of the ADAMHS Board April 22, 2009. After further editing, the Strategic Plan was presented for final approval to the ADAMHS Board at its regular meeting May 27, 2009.

## **MISSION**

*“We enhance the behavioral health of Montgomery County residents. Our mission is to improve and promote Mental Health, to facilitate the process of recovering from Mental Illness and Chemical Dependency and to prevent the abuse of Alcohol and Other Drugs.”*

## **VISION**

*“Montgomery County residents will have access to proven quality treatment and prevention services that foster behavioral health recovery and resiliency and supports their integration into the community.”*

## **CORE VALUES**

*Integrity: We expect of ourselves and each other the highest standards of organizational and personal integrity with our consumers, contract agencies, funders, vendors, and stakeholders.*

*Excellence: We continually challenge each other to improve our services, processes, and ourselves. We are dedicated to diversity, fair treatment, mutual respect and trust of our employees, customers and consumers.*

*Teamwork: We foster an environment that encourages innovation, creativity and results through teamwork and mutual respect. We practice leadership that teaches, inspires, and promotes full participation and career development. We encourage open and effective communication and interaction.*

## **CORE BELIEFS**

*Individuals with serious mental illness, drug and alcohol addiction, and children with an emotional disturbance have a right to live, work, learn, and participate fully in their communities.*

*It is in the best interest of consumers to:*

- *Have a safe, secure, stable environment*
- *Have access to medication and effective care*
- *Maintain a relationship with his/her own family*
- *Be valued as individuals*
- *Be encouraged to reach their potential*
- *Be independent while having a sense of belonging*

*It is in the best interest of family members to:*

- *Be able to resolve conflicts (by utilizing skills gained through community educational programs such as NAMI's Family-to-Family)*
- *Be respectful of the individual strengths, needs, and abilities*
- *Collaborate with contract agencies and community partners in understanding roles*
- *Have resources available to family members*

*It is in the best interest of the community to:*

- *Provide the resources necessary to assist consumers in maintaining the highest level of stability and success possible*
- *Provide support and information to family members which will assist them in understanding and helping their family member*
- *Use community resources to fulfill the Boards mission*

*Services should be:*

- *person centered,*
- *priority directed,*
- *recovery focused,*
- *comprehensive and holistic,*
- *high quality and evidence based,*
- *accountable, and*
- *consumer driven.*

## **ORGANIZATIONAL ANALYSIS**

During the ADAMHS Board's strategic planning process, constituents, stakeholders, Board members, and staff identified strengths and weaknesses internal to the board and external opportunities and threats we may experience during the life of the strategic plan.

**Strengths (Internal):**

1. Resource Management – The Board has been able to manage limited financial resources in tough economic times due to the strength of its Business division and support from the Human Services Levy. The Board’s enrollment and claims operations are sound, effective and efficient. Leadership staff pursue new sources of funding through grant writing and brokering of services.
2. Quality of Care – Board staff are very knowledgeable and experienced. They understand and can articulate regulations thus assuring system wide compliance with local, state and federal laws. The Board was first in the State to obtain Culture of Quality Certification (COQ)<sup>1</sup>.
3. Evidence-Based Practices (EBP) – The Board has taken the lead implementing EBPs countywide. Our system provides care through evidence based practices proven to be the most effective.
4. Utilization Management (UM) Process – The Board has well-defined processes of utilization management. The UM operation employs clear policies, procedures and a variety of tools.
5. Presence on Local and Statewide committees – Many Board Members and staff serve on local and statewide committees and taskforces. Presence on these committees permits the Board to advocate for the needs of the behavioral health system. We keep abreast of evolving issues and trends and are able to plan for and mitigate potential problems.
6. Human Services Process – Montgomery County’s Human Services planners understand how behavioral health issues transcend many social issues and that treatment for mental health and alcohol and other drug problems must be a cornerstone of the County’s system of care.
7. Governing Board and Staff – The Board of Directors and staff are open to and embrace the concepts of an open, rational and transparent contracting process. The Board makes all of its funding and contractual decisions in an open public forum. Persons in attendance at Board and committee meetings are encouraged to speak and question the Board’s decision-making without fear of retribution.
8. Qualified, Competent, Diverse, and Stable Tenured Workforce – Staff are seasoned employees. Many have experience in a variety of clinical, administrative, and managerial positions in nongovernmental organizations before their employment at the Board. Staff in all divisions are competent and diverse contributing to low turnover, a stable workforce, and increased employee satisfaction and motivation.
9. Orientation – There is a formal and comprehensive orientation for all new Board members.

**Weaknesses (Internal):**

1. Lack of succession planning – There is currently no Board-approved plan to replace the executive director and other key management staff. A sense of history

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<sup>1</sup> A Board accreditation granted by the Ohio Association of Community Behavioral Healthcare Authorities

- could easily be lost if these individuals become incapacitated or leave the Board's employment.
2. Not enough funding – The Board needs to increase financial resources through developing additional revenue, restructuring of the service delivery system, and/or reduction of overhead costs.
  3. Communication Plan – The Board does not have a formal communication plan at this time. An aggressive and comprehensive marketing/communication plan should be developed to promote the duties of the Board, thereby increasing transparencies in all communications. Funds to implement this multi-level marketing and public relations effort will need to be identified.
  4. Board Training – There is no formal curriculum for on-going Board member training.

**Opportunities (External):**

1. Technology – The Board has existing technology to help in the management of its system of care. As the system changes it will need to develop and enhance its technology footprint to more efficiently identify and manage useful data. The Board will be a leader in the development and implementation of a “paperless” operation. Data can be used to drive overall planning and decision-making
2. National Outcome Measures published by the Substance Addiction and Mental Health Services Administration (SAMHSA) and the Department of Health and Human Services (DHHS)– The Board can investigate the use of National Outcome Measurements to determine effectiveness of services and to benchmark against state and national standards.
3. Community Partners – The Board can work more efficiently with current and newly developed community partners.
4. Marketing Opportunities – Several opportunities currently exist within the area that can be utilized to promote the successes of the ADAMHS Board and contract agencies and help reduce the stigma associated with behavioral health.

**Threats (External):**

1. Stability of Contract agencies – There is no guarantee that agencies contracting with the Board will be able to maintain financial stability. Many factors outside of the Board's control could cause agencies to fail leading to service interruption and/or reduction.
2. Funding cuts – The behavioral health financial landscape is unclear. State budget cuts have forced many boards to reduce services. We have been able to maintain service levels through local funding. There is an ongoing threat of budget reductions at the State and Federal level that will challenge us to continue even the same levels of care.
3. Any willing provider – Current rules regarding Medicaid requires the Board to contract with any agency that has proper state certification and/or national accreditation. These rules effectively strip the Board from choosing those agencies that provide proven quality services. Any willing provider rules make it very difficult for the Board to make significant change. Contracting with “any willing provider” consumes precious local resources to provide Medicaid match,

thus straining the Board's ability to focus its resources upon priority needs in the community. Also, such contracting reduces the Board's ability to maintain quality services.

4. **Constituent Concern** – Customers of Montgomery County behavioral healthcare system may not understand new initiatives in marketing and public relations especially at a time when financial concerns may lead to reduction and rationing of service and/or the elimination of existing service contract agencies.
5. **Increase in demand for service** – A multi-level marketing and public relations campaign may result in increased demand for service. In a system of care that may already be stressed the inability to quickly react to increased demand for service could impair the public's perception of our service delivery system and negatively affect future levy efforts.
6. **Change in business model** – Decisions made in Columbus and Washington could force changes in our way of doing business. These changes may potentially disrupt the stability of the system and negatively impact our implementation and management of required and voluntary services

## **GOALS, STRATEGIES AND ACTIVITIES (2009-2012)**

### **Goal One**

The public Behavioral Healthcare System in Montgomery County will be consumer oriented, effective and efficient in both the prevention and treatment of mental illness and addiction.

**Strategy A:** Create and maintain a system of qualified contract agencies committed to provide effective prevention and treatment services at a reasonable cost to taxpayers in Montgomery County

**Activity 1:** Create and apply explicit and uniform contractor qualifications

**Activity 2:** Require among contract agencies the delivery of a comprehensive continuum of services for individuals at risk of experiencing a mental illness or an addiction

**Activity 3:** Determine the practicability of contracting with “comprehensive” vis-à-vis single-service contract agencies

**Activity 4:** Determine the feasibility of contracting with multi-county and/or out-of-county service agencies.

**Activity 5:** Create a viable interface between behavioral and physical health care—investigate systems of “integration” and/or “interoperability” of services

**Activity 6:** Require functional linkages among contract agencies of services to ensure effective referral and coordination of care

**Activity 7:** Eliminate unnecessary costs in the service delivery system at both the Board and contract agencies, e.g., compliance with legacy contractual requirements that are no longer necessary and duplicative or inefficient backroom activities

**Strategy B:** Select and implement the most viable method of compensating contract agencies for the delivery of services

**Activity 1:** Evaluate and determine the utility of contracting with a managed care organization for administrative services (ASO)

**Activity 2:** Examine the utility of contracting with a viable “provider collaborative” for the provision of managed services

**Activity 3:** Evaluate and determine whether to support the centralization of billing and paying for Medicaid-eligible services at the state or regional-level

**Activity 4:** Evaluate and determine the best method for billing and paying for non-Medicaid services—consider fee-for-service (FFS) along with other payment options

**Activity 5:** Determine the most useful methodology for purchasing prevention and other wellness services

**Activity 6:** Prepare transition plans and collaborate with contract agencies in the implementation of services employing the selected methodology(ies) to be used for payment of publicly funded services.

**Strategy C:** Require the universal employment of electronic health records (EHR) that can be accessed by all contract agencies of behavioral health care in Montgomery County and by major providers of general health care

**Activity 1:** In collaboration with major contract agencies, select Information Technology (IT) infrastructure to be employed that meets projected Federal standards, revised Healthcare Information Portability and Accountability Act (HIPAA) regulations, and is interoperable with systems used by major providers of general healthcare in the community

- Consider web-based options
- Consider participation in a regional health information system (RHIO)

**Activity 2:** In collaboration with major contract agencies, purchase and deploy the selected IT infrastructure

**Activity 3:** In collaboration with major contract agencies, determine whether the system should be administered in a centralized or de-centralized fashion

**Activity 4:** Seek financial resources to support the development and purchase of a comprehensive electronic health record system

**Strategy D:** Ensure ready and complete access to the system of care as defined by this county

**Activity 1:** Create and manage a system of care where there is “no wrong door” access to any and all services

**Activity 2:** Examine the continued viability of a “centralized assessment and crisis intervention center” serving as the front door of other contract agencies to determine if the current process is the most efficient, effective and acceptable access to crisis intervention and screening for mental health and addiction services; consider alternative arrangements

**Activity 3:** Wherever practicable and as soon as possible, create and utilize the “Person-centered Healthcare Home” (PCHH) concept in the design and operation of the system of care

- Ensure that every consumer with a serious mental illness and/or addiction has a PCHH which will reduce the utilization of hospital emergency rooms and increase use of primary healthcare options
- Provide financial support for training of practitioners in PCHH systems
- Provide incentives to contract agencies that ensure PCHH
- Require contract agencies to develop and maintain capacity to exchange healthcare information (HIE) with qualified providers of all (or most) healthcare services in the community

**Activity 4:** Ensure viable linkages among and between all contract agencies, community health centers, community hospitals, regional psychiatric hospitals (state hospitals), and other appropriate health and social services organizations serving children and/or adults.

**Activity 5:** Ensure a seamless transition from the child mental health system to the adult mental health system to include those children aging out of the child welfare system.

**Activity 6:** Determine what positive role the ADAMHS Board can play in the prevention of violence in the community

**Strategy E:** Where at all practicable, ensure the use of Evidence Based Practices<sup>2</sup> or Practice Based Evidence (PBE)<sup>3</sup> in all services provided under contract with the ADAMHS Board for Montgomery County

**Activity 1:** Require and/or incentivize contract agencies to document their use of sanctioned Evidence Based Practices and/or Practice Based Evidence that are applicable to the populations being served

**Activity 2:** Continue to allocate funds to ensure the training and implementation of Evidence-Based Practices and/or Practice Based Evidence within contract agencies.

## **Goal Two**

The process of selecting and contracting with agencies providing behavioral health services is rational and transparent.

**Strategy A:** Use a Request for Proposal (RFP) or another acceptable process whenever practicable for the selection of vendors and providers of non-Medicaid eligible behavioral health services

**Activity 1:** Clearly document need for the product and/or service and prioritize appropriately

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<sup>2</sup> A program or practice that is included in SAMHSA's National Registry of Effective Programs and Practices (NREPP) or a similarly sanctioned registry.

<sup>3</sup> A program or practice that is generally recognized as effective and appropriate by peer providers, but has not yet been subjected to rigorous and time-consuming research. Together with EBP's, PBE's are referred to as Research-based Treatments.

**Activity 2:** Create bridge processes from current practice to the utilization of a new acceptable selection process

**Strategy B:** Communicate process to be employed to all current and prospective vendors and contract agencies in a clear and timely fashion

**Activity 1:** Conduct bidders conference when appropriate.

### **Goal Three**

Legislators and the general public in Montgomery County strongly support mental health and addiction services as critical components of the general health care system

**Strategy A:** Develop and implement a comprehensive plan for advocating community behavioral health and system needs with members of the U. S. Congress and Administration

**Activity 1:** Equip and schedule Board members and other advocates to meet periodically with Representatives and Senators and/or their staff

**Strategy B:** Develop and implement a comprehensive plan for advocating community behavioral health and system needs with members of the Ohio General Assembly and Administration

**Activity 1:** Equip and schedule Board members and other advocates to meet periodically with Representatives and Senators and/or their staff

**Strategy C:** Develop and implement a comprehensive plan for communicating community behavioral health system accomplishments and needs with citizens and voters in Montgomery County

**Activity 1:** Update design, content and navigation of ADAMHS Board website, including hyperlinks to websites of contract agencies

**Activity 2:** Submit articles for publication in Dayton Daily News and weekly community newspapers

**Activity 3:** Document accountability to all funding sources, including the Montgomery County Human Services Levy Council

**Activity 4:** Consider the publication of a periodic electronic newsletter

**Strategy D:** Design and implement a system for determining needs for behavioral health services in Montgomery County

**Activity 1:** Use relevant epidemiologic information

**Activity 2:** Gather statistical and anecdotal documentation of need via questionnaires and focus groups

**Activity 3:** Create and participate in a continuing forum of clients and contract agencies of behavioral health services focused upon identifying and responding to emerging conditions

**Strategy E:** Design and implement a comprehensive plan for gaining private financial support for behavioral health services and system development

**Activity 1:** Create, manage or participate in a private foundation dedicated to behavioral health

**Activity 2:** Encourage charitable giving and estate planning

**Activity 3:** Facilitate the submission of applications for funding by philanthropic organizations

#### **Goal Four**

Both the required and voluntary functions of the ADAMHS Board are consistently performed in an exemplary manner.

**Strategy A:** Establish and implement an annual schedule and content for the orientation and training of Board members

**Activity 1:** Include orientation to the statutory requirements of the Board and system of care designed and maintained by the Board

**Activity 2:** Include orientation to the current contract agencies

**Activity 3:** Provide opportunity for participation in both state and national workshops of particular value to the Board

**Strategy B:** Create, maintain, and employ an approved succession plan for all key staff to be implemented at the point of a retirement, resignation or during any prolonged incapacitation

**Activity 1:** Engage staff in providing input for developing a succession plan for each division director of the Board.

**Activity 2:** Engage division directors and board members in development of the Chief Executive Officer (CEO) succession plan.

### **PLAN FOR IMPLEMENTATION**

*[Plan to be developed by September 23, 2009 and approved by the ADAMHS Board for Montgomery County]*

### **PLAN FOR MONITORING**

*[Plan to be developed by September 23, 2009 and approved by the ADAMHS Board for Montgomery County]*

### **PLAN FOR UPDATING AND REVIEWING STRATEGIC PLAN**

*[Plan to be developed by September 23, 2009 and approved by the ADAMHS Board for Montgomery County]*

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