Board Consolidation History:
A Positive Step Toward Government Reform

CCCMHB & ADASBCC Background

- **CCCMHB:**
  - Government agency that **plans, funds and monitors** public mental health services provided to the residents of Cuyahoga County.
  - Does not provide direct services.
  - Currently contracts with **over 35 provider agencies** that offer about 200 programs.
  - $121 million budget
  - **Safety net** for residents of Cuyahoga County.
- In Fiscal Year 2007, funded services for:
  - Nearly **35,000** people:
    - Over 13,000 children under age 18
    - Over 20,000 adults
    - Over 1,500 seniors

Cuyahoga County Community Mental Health Board

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CCCMHB & ADASBCC Background

- **ADASBCC:**
  - Statutory responsibility to **plan, fund, and monitor** community **addiction treatment and prevention services** in Cuyahoga County.
  - Administers **federal, state, and local funding** for substance abuse prevention and treatment services.
  - Currently contracts with a network of **over 40 agencies** that provide over 100 programs, that represents a continuum of care from prevention and early intervention to residential, outpatient, and aftercare treatment services.
  - $38 million budget.
- In Fiscal Year 2007, funded services to:
  - Over **9,000** people:
    - 1,100 children under age 18
    - 8,285 adults and seniors.

Alcohol & Drug Addiction Services Board of Cuyahoga County

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Why Consolidate?

- **Ultimate goal:**
  - **Benefit consumers** of mental health and alcohol and other drug addiction services by bringing two successful organizations together.
  - Provide **greater efficiency and effectiveness** in the behavioral health system with reduced cost.
- **Rare opportunity** to form a new government entity that will build on the strengths of both organizations and advance a best-fit service delivery system for all residents of Cuyahoga County.

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Why Consolidate? *(continued)*

- In August 2007, Cuyahoga County Board of County Commissioners (BOCC) charged the CCCMHB and ADASBCC to consolidate:
  - **Enhance and maximize** provisions of behavioral healthcare delivery in light of limited county resources.
  - **Complete** the consolidation by **June 30, 2009.**
- On September 10, 2007, CCCMHB & ADASBCC announced that the Boards would jointly develop a plan for consolidation.

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Why Consolidate? *(continued)*

- Consolidation goes beyond making just good business sense:
  - Deals with **similar** Medicaid **documentation, funding streams** and other **administrative duties.**
  - Mirrors the trend of providing **integrated behavioral health** services to people with co-occurring mental illness and alcohol or other drug addictions.
- Hamilton, Lucas and Stark counties recently consolidated boards:
  - **Just 4 counties** – Cuyahoga, Lorain, Mahoning and Butler – do not have consolidated boards.

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History of Boards

- The Ohio Department of Mental Health (ODMH) was created in **1980** with the passage of **Senate Bill 160.**
- The **Mental Health Act of 1988** made it possible for county boards to restructure the service delivery system.
- In **1989, House Bill 317** created the Ohio Department of Alcohol and Drug Addiction Services (ODADAS).

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History of Boards *(continued)*

- Ohio Revised Code, Chapter 340, permitted the Board of County Commissioners of the 10 largest counties to **either appoint a new board** of alcohol and drug addiction, **or combine** the services under the existing mental health boards.
- **Cuyahoga County** and **six other counties** opted for **separate boards.**

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Commonalities

- Each organization is governed by an **18 member volunteer Board:**
  - 12 members of each are appointed by the BOCC
  - 6 members are appointed by the Ohio Department of Mental Health (ODMH) or the Ohio Department of Alcohol and Drug Addiction Services (ODADAS).
  - The length of term for each appointment is four years.
- The CCCMHB and the ADASBCC fund **nine of the same providers.**

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Consolidation Process & Timeline

- First and foremost, we are being **transparent and including all stakeholders** in the consolidation process, which includes:
  - **Phase I** (August 2007 – December 6, 2007) – Developing the Plan for Consolidation
  - **Phase II** (December 7, 2007 – December 1, 2008) – Hands-on Planning, Input and Work
  - **Phase III** (December 2, 2008 – June 30, 2009) – Implementation
- Following a philosophy of basing every decision and ending each policy statement with the "…and this will **benefit consumers/clients and save funding.**"

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Phase 1

- In **August of 2007**, the BOCC directed the CCCMHB and ADASBCC to develop a **Plan to Consolidate** by **December 6, 2007**.
- First step was developing a **Consolidation Executive Steering Committee** that consisted of the chairs and directors of both Boards:
  - Kathryn E. Gambatese, CCCMHB Chair
  - Russell Johnson, ADASBCC Chair
  - William M. Denihan, CCCMHB CEO
  - Russell S. Kaye, Ph.D., ADASBCC Executive Director
- This Steering Committee grew to include other members of both boards.

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Phase 1: Planning Teams

- The Executive Steering Committee then established **Consolidation Planning Teams** comprised of staff and board members from both Boards to thoroughly review operations and services .
- The teams continue to meet and make recommendations on the consolidation.

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Phase 1: Planning Teams *(continued)*

Consolidation Planning Teams

- **Board Committees:**
  - Executive Steering
  - By-Laws
  - Site
- **Staff Committees:**
  - Clinical
  - Finance
  - Human Resources
  - Communication
  - Program Development
  - Research & Evaluation
  - Agency Evaluation/Oversight
  - Training
  - Grants Management
  - Client Rights/Confidentiality
  - MACSIS and IT

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Phase 1: Mission & Vision

Consolidation Vision & Mission:

- Executive Steering Committee developed working vision and mission statements for the consolidation process.
  - **Vision:** Alcohol, drug addiction, and mental health services will be available and accessible for every county resident in need. The new Board will provide a preeminent, seamless and integrated system of care.
  - **Mission:** To promote and enhance the quality of life for residents of our community through a commitment to excellence in alcohol, drug addiction, and mental health services.

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Phase 1: Consolidation Guidelines

- Executive Steering Committee also developed **8 Consolidation Guidelines:**
  - a *living document* updated as the consolidation unfolded, to assist all teams with planning and to ensure movement.
- These **8 guidelines** are:

1. The **top priority** that defines the foundation of all consolidation planning is the crafting of a public board that best supports the health, strength and safety of **consumers/clients** and the residents of Cuyahoga County.

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Phase 1: Consolidation Guidelines *(continued)*

2. Work toward **a dual commitment** to excellence, with **equal consideration of the mental health and alcohol and other drug prevention and treatment service needs of the community,** enhancing integrated treatment as appropriate, but not losing sight of the uniqueness of each board's base populations.

3. The planning process will be **transparent** and **inclusive** with all service providers and other stakeholders having ample opportunities for **open communication** to voice their expectations for the consolidated board

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Phase 1: Consolidation Guidelines
(continued)

4. Recognize and be sensitive to **staff issues** as the existing boards are consolidated, noting the commitments and investments the staff of both boards have made, with consideration of employee attrition rate/turnover and a buyout process, if feasible, and not filling some of the vacant budgeted positions.

5. Seek **administrative efficiencies**, where appropriate, with no destruction of community value; and review other counties' experiences for lessons learned.

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Phase 1: Consolidation Guidelines
(continued)

6. The existing boards will carry on business as usual, where appropriate, experiencing **no disruption of consumer/client services**.

7. Promote **cultural sensitivity and competence**, understanding the uniqueness of consumer/client populations, and adopting appropriate administrative and programming policies and practices.

8. Promote **best practices** throughout the new organization, including the performance and outcomes expected of its providers.

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Phase 1: Planning Priorities

- **4 Planning Priorities** were also developed:

1. **Consumers:**
   a. Providing **superior services to consumers** must be the **number-one priority** in this consolidation.

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Phase 1: Planning Priorities *(continued)*

2. **Combined Board Governance Structure:**
   a. For consistency, continuity and to **retain institutional memory** of mental health and alcohol and other drug addiction services and initiatives, it was recommended that 9 current Board of Governors from the CCCMHB, and 9 current Board Members of the ADASBCC be appointed to form a new 18 member behavioral health board.
      NOTE: During legislative process, this was changed to reflect that 9 members shall have an interest in mental health, and 9 members shall have an interest in alcohol and other drug addiction.
   b. During this reappointing process, authorities must keep in mind that the terms for the 18 Board Members should be staggered to provide a balance of new Board Members on an annual basis.

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Phase 1: Planning Priorities *(continued)*

Combined Board Governance Structure Continued:

c. Members of a ADAMHS Board are appointed by the following authorities:
- ODMH appoints 4 Board Members
- ODADAS appoints 4 Board Members
- BOCC appoints 10 Board Members

Phase 1: Planning Priorities *(continued)*

3. Staffing:

a. New Board will appoint the Chief Executive Officer.

b. All CCCMHB and ADASBCC staff members will be staff of new board, either in the same or similar positions, or will receive training for other positions.

c. CCCMHB has 65 funded positions on its table of organization:
- 12 positions are currently vacant.
- 40 of the 65 positions are part of a collective bargaining unit: The Ohio Association of Public School Employees and its Affiliate Local #328 AFSCME, AFL-CIO.

Phase 1: Planning Priorities *(continued)*

Staffing Continued:

d. ADASBCC has 33 funded positions on its Table of Organization.
- 3 of these positions are not filled.

e. **Savings** from both Board's personnel line items will be achieved through the reduction of staff through **early retirement, not filling some open positions** with new employees, and through **natural attrition.**

Phase 1: Planning Priorities *(continued)*

4. Financial Savings:

a. **Financial savings** from the consolidation will be **reinvested into the system** for mental health and other alcohol and other drug addiction services.

b. However, we recognize that the consolidation of the CCCMHB and ADASBCC is **not viewed as a remedy** for the **inadequate funding** for behavioral health services.

Hands-on Work

- Executive Steering Committee facilitated a consolidation **planning retreat** on Friday, October 5, and Saturday, October 6, 2007.
- Members of each consolidation planning team met and discussed the strengths, challenges, vision, and resources needed to develop a new behavioral health board for Cuyahoga County.
- Each team presented its outcomes to the entire group.
- Common themes, surprises, unique areas and thoughts on location were identified.

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Hands-on Work *(continued)*

- Team co-leaders and board members shared an overview of the two boards and further discuss the consolidation planning teams' outcomes from Friday.
- Board members' input was added to each team outcome and presented to the entire group.
- Planning teams refined their recommendations based on input from the retreat, and outcomes were included in the Consolidation Report to the Cuyahoga County BOCC.

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Community Input

- From October through December 2007, the ADASBCC and the CCCMHB solicited **input from providers, consumers, staff, family members, county partners and other stakeholders** about the consolidation through separate surveys and public meetings.
- **Results** of the surveys **are being used** throughout the consolidation process.
- BOCC also hosted a public meeting on Friday, October 26 to discuss the purpose of the consolidation and gather the **community's reactions and views**.

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Completion of the Plan

- As scheduled, on December 6, 2007, the Consolidation Executive Steering Committee met with the BOCC to present recommendations for the consolidation of both boards and submitted ***A Plan for Consolidation***. *(available at www.cccmhb.org)*
- With a consolidation completion date of no later than June 30, 2009, the plan provided the BOCC with an 18-month timeline and an overview of what it will take to create a combined behavioral health board from the two currently independent boards.

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Completion of the Plan *(continued)*

- The plan identified **key issues** and provided **recommendations** concerning specific areas of function, including:
  - agency evaluation/oversight
  - client rights and confidentiality
  - clinical
  - communication
  - facility/location
  - finance
  - MACSIS
  - grants management
  - human resources
  - program development
  - quality improvement
  - training
  - information/technology

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Phase II

- Phase II began with the issuance of an RFP for **professional services to facilitate** the consolidation process.
- MCS Consulting was selected as the facilitator, and costs are being paid by BOCC:
  - **Executive review** services consisting of developing a business strategy, and progress reports.
  - **Facilitating** of public forums and retreats with stakeholders.
  - Stakeholder **relationship building**, which includes information for Web pages and newsletters, writing and distribution of press releases, and message development.
  - **Team advising** to provide guidance in problem resolutions.

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Phase II: Legislation

- Phase II included the **enacting of legislation** passed by the Ohio General Assembly and signed by Governor Strickland in June 2008, (HB 562 – budget correction bill).
  - Amended existing state law to **permit the commissioners** of any county with separate mental health boards and alcohol and drug addiction services boards **to consolidate** them into one entity.

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Phase II: Legislation *(continued)*

- During the legislative process, our original intent to have **9 members of the existing mental health board and 9 members of the alcohol and drug addiction services board** as part of the new consolidated board was changed.
- The law now reflects that **9 members shall have an interest in mental health, and 9 members shall have an interest in alcohol and other drug addiction**.

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Phase II: Provisional Board

- On the Board level, a significant decision was made – in July 2008, both boards approved the **creation of a Consolidated Board with provisional decision-making authority**.
- This Consolidated Board was approved by the BOCC on October 23, 2008.

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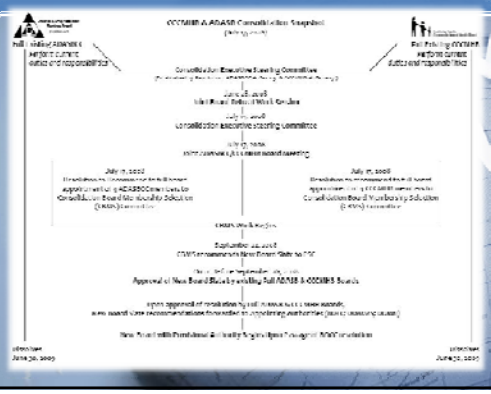
Phase II: Provisional Board *(continued)*



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Phase II: Provisional Board *(continued)*

- This Board meets monthly and makes **provisional decisions** on critical issues such as personnel benefits, CEO selection, adoption of bylaws, building site selection, choosing of official name of the new board and slate of officers.
- All provisional decisions of this body will be **formally ratified on July 1, 2009**.

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Phase II: Blueprint

- Phase II officially came to an end on Monday, December 1, 2008, when the facilitators presented the **Consolidation Blueprint**.
- The Blueprint serves as the **organizing document** that contains tasks and timelines, which will guide us through the implementation phase of consolidation.

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Phase II: Blueprint *(continued)*

- The **Blueprint supports the process** of creating a more effective and efficient system of services through:
  - An understanding that the consolidation **will save money**,
  - Specific indicators of a **successful consolidation**,
  - Primary **stakeholders** will be **actively engaged**, and
  - The **plan** of what needs to be accomplished will be **developed, followed and modified** as the process moves forward.

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Phase II: Board Name

- Phase II also wrapped-up on a positive note – the selection of a **name for the Consolidated Board**.
- The Board unanimously agreed that the name should be the **Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County,** or ADAMHS Board of Cuyahoga County.

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Phase II: Board Name *(continued)*

- This name is the legal name, and clearly identifies the Board's responsibilities.
- It is also the name used in most other counties throughout the state, and is easily identified by legislators and other stakeholders.

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Phase III

- We are in the midst of Phase III – Implementation - that will bring us to the formation of the ADAMHS Board on July 1, 2009.
- Some accomplishments during this phase so far include:
  - Selected **William M. Denihan** as the **Executive Director**.
  - Naming **Slate of Officers:**
    - **Kathryn Gambatese** as Chair
    - **Mary McElrath** as First Vice Chair
    - **Rev. Charlotte Still Noble** as Second Vice Chair
  - Adoption of a tag line ***Improving lives through wellness, recovery and independence***.
  - Adoption of an **Advocacy Action Agenda** to guide the new board's advocacy efforts.

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Challenges

- Anytime you have a change, especially a change as big as this consolidation, there are bound to be **challenges**.
- However, with **effective leadership** through any transition, you can make the challenges easier to overcome.
- We have had some challenges in the process, but the biggest challenge was:
  - **Change in the legislation** that modified our original intent of having 9 members of the existing mental health board and 9 members of the alcohol and drug addiction services board.
  - Reflect that 9 members shall have an interest in mental health, and 9 members shall have an interest in alcohol and other drug addiction.

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Challenges *(continued)*

- Consolidation Board Membership Selection Committee recommended appointing the 6 interested members from the current AOD Board who were eligible to serve, and 11 interested members of the current CCCMHB, 3 of whom have an interest in AOD.
- We reached **consensus** when we realized that once appointed to the Consolidated Board, all members take an oath to have an interest in and advocate for both mental health and AOD.

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Key Lessons Learned

- **Take the time to do it right.**
  - Other counties who recently merged did not have the opportunity or the time to plan their consolidation, and they are still working through issues.
- **Build trust and relationships that will help you face the challenges.**
  - Trusting each other goes a long way in reaching consensus.
- **Ensure that your stakeholders' opinions are heard and considered.**
  - You may not follow every suggestion, but it is important that the stakeholders be heard.
  - Having stakeholders involved ensure that their needs are met and that they support you.

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Accomplishments

- Board appointed
- Leadership Established
- Table of Organization Complete
- Provider Contract Ready
- Integration has begun.

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Accomplishments

- Cost Savings to begin on July 1, 2009:
  - –Personnel at beginning of year:
    - •CCCMHB: 65
    - •ADASBCC: 35
    - •Total: 100
- •ADAMHS Board has 70 positions – saved 20 positions that save about $1.3 million.
- •Space:
  - –Combined space of both Boards was $800,000
  - –Cost savings of new ADAMHS Board space will be about $250,000

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What's Next?

With the **participation** of consumers, family members, providers and other stakeholders, where appropriate, we expect to accomplish the following in the next few months:

- Development & Approval of **Policies & Procedures**
- Development of **Personnel Policies**.
- Integration/Development of **Service Delivery Protocols.**
- Consumer & Staff **Training.**
- Consolidation of **Finance/Accounts Payable/Billing Systems.**
- Selection of **Office Location.**

All of this has to be done while we sustain our advocacy efforts and continue to address the funding crisis.

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