

# A Plan to Consolidate

Presented to the Cuyahoga County  
Board of County Commissioners

December 6, 2007

*Bridging the Services to Recovery • Bridging the Services to Recovery • Bridging the Services to Recovery • Bridging the Services to Recovery*



Cuyahoga County  
Community Mental Health Board



**Alcohol & Drug Addiction  
Services Board**  
of Cuyahoga County

A New  
**B**ehavioral  
**H**ealth  
**B**oard  
of **C**uyahoga **C**ounty



Cuyahoga County  
**Community Mental Health Board**



December 6, 2007

Commissioner Jimmy Dimora  
Commissioner Tim Hagan  
Commissioner Peter Lawson Jones  
Cuyahoga County Administration Building  
1219 Ontario Street, 4<sup>th</sup> Floor  
Cleveland, Ohio 44113

Dear Commissioners:

Pursuant to your August 30, 2007, request for the Cuyahoga County Community Mental Health Board (CCCMHB) and the Alcohol and Drug Addiction Services Board (ADASB) of Cuyahoga County to jointly develop a plan for consolidation, please accept the attached document entitled *A Plan For Consolidation*.

We appreciate the significant support you have provided in terms of funding for mental health and alcohol and other drug addiction services over the past years. We hope that you accept the recommendations and requests outlined in the document and continue to provide us with your support to meet the continuing demand for behavioral health services in our county.

We view this consolidation as an opportunity to further build on our systems to provide superior behavioral health services for our consumers and look forward to working with you throughout this journey.

Sincerely,

*(Signature on original document)*  
Kathryn E. Gambatese  
CCCMHB Chair

*(Signature on original document)*  
Russell E. Johnson  
ADASB Chair

*(Signature on original document)*  
William M. Denihan  
CCCMHB Chief Executive Officer

*(Signature on original document)*  
Russell S. Kaye, Ph.D.  
ADASB Executive Director

cc: Dennis Madden, County Administrator  
Rick Werner, Deputy County Administrator

*Joint Resolution*

**Support for the Consolidation of Boards to Advance Behavioral Health in Cuyahoga County**

Alcohol and Drug Addiction Services Board: Resolution # 07-12-01  
Community Mental Health Board: Resolution # 07-12-01

*Whereas*, the Alcohol and Drug Addiction Services Board of Cuyahoga County and the Cuyahoga County Community Mental Health Board are empowered by O.R.C. 340 as the planning agencies for alcohol, drug addiction, and mental health services in our community, and

*Whereas*, the Board of County Commissioners has charged the boards with the task to **consolidate for the purpose of maximizing behavioral health delivery** in the light of limited county resources, and

*Whereas*, the two boards recognize the “**golden**” **opportunity** to craft a new public board, building on the strengths and accomplishments of each, and

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

*Whereas*, the plan designers will 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, and

*Whereas*, to demonstrate this dual commitment, the boards recommend that the state departments and board of county commissioners “**grandfather**” **existing board members** to the board of directors of the new consolidated board in such a way as to create a board composition consisting of nine members with a mental health interest and nine members with an alcohol and other drug interest.

*Whereas*, the **staff of both boards** will be carried forward into the new board, in recognition of their commitment, investment, and expertise, and

*Whereas*, **administration efficiency**, where appropriate, will be sought, with no destruction of value, and dollars saved will be reinvested in services, and

*Whereas*, It is recognized the **consolidation will not remedy the inadequate funding for behavioral health services in Cuyahoga County.**

*Now, Therefore, Be It Resolved That:*

1. The Board Members of the Alcohol and Drug Addiction Services Board of Cuyahoga County and the Cuyahoga County Community Mental Health Board support the consolidation of the boards.
2. The Board Members will design a new, consolidated board to promote and advance behavioral health in Cuyahoga County.
3. The Board Members recognize the trust the Commissioners have shown in providing the two boards with the flexibility to design a new behavioral health board of Cuyahoga County.

**Alcohol and Drug Addiction Services Board of Cuyahoga County**

**Cuyahoga County Community Mental Health Board**

On the motion of: Felipe Amunategui, Ph.D.

On the motion of: Mary Warr

Seconded by: Darlene Darby Baldwin

Seconded by: Ericka Thoms

Ayes: 6

Ayes: 10

Abstentions: 1

Abstentions: 2

The foregoing resolution was duly adopted by both boards this 3<sup>rd</sup> day of December 2007.

# Cuyahoga County Community Mental Health Board and Alcohol and Drug Addiction Services of Cuyahoga County

## CCCMHB Board of Governors

Kathryn E. Gambatese, Chairperson\*  
Robert Carson, Ph.D., 1st Vice Chair  
Eugenia Cash, Vice Chair

Thomas M. Abdow  
Reginald C. Blue, Ph.D.  
Patrick T. Carney  
J. Robert Fowler, Ph.D.  
Rev. Benjamin F. Gohlstin, Sr.  
Janet C. Hnanicek  
Rick A. Kemm, MNO  
L. Douglas Lenkoski, M.D.  
Carl F. Rak, Ph.D.  
Barbara E. Saltzman, Esq.  
Daniel E. Schweid, M.D.  
Harvey A. Snider  
Lisa Thomas  
Ericka L. Thoms  
Mary R. Warr

## Chief Executive Officer

William M. Denihan, Chief Executive Officer\*

## Executive Staff

Valeria A. Harper, Chief Operating Officer  
Cassandra Richardson, Chief Financial Officer  
Rose Fini, Director of Legal Affairs  
Tami Fischer, Director of Human Resource  
John Garrity, Director of Evaluation & Research  
Scott Osiecki, Director of External Affairs

## ADASB Board of Trustees

Russell E. Johnson, Board Chair\*  
Mary McElrath, Vice Chair  
Cynthia Miller, Secretary

Felipe Amunategui, Ph.D.  
Darlene Darby Baldwin  
Thomas Deegan  
Willard Howard  
Amy Leopard, Esq.  
Judith Richardson  
Terrance Wilkinson

## Executive Director

Russell S. Kaye, Ph.D., Executive Director\*

\* Designates Consolidation  
Steering Committee Members

## Executive Staff

Frances Mills, Deputy Director  
Cynthia Chaytor, Director of Treatment Services  
Laura Lambert, Director of Quality Improvement  
Christine Paternoster, Director of Administrative  
Services  
William Tobin, Director of Finance  
Yancey Quinn, Director of Information Technology  
James Joyner, Manager of Public Information  
& Training

## Consolidation Planning Mission & Vision

The Executive Steering Committee has developed working vision and mission statements for the consolidation process. The new behavioral health board may revise or create new statements for the new organization during a strategic planning process.

*VISION:* Alcohol, drug addiction, and mental health services will be available and accessible for every county resident in need. The Behavioral Health 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.

# Table of Contents

Consolidation Background.....	1
History of Boards.....	1
CCCMHB Information.....	2
ADASB Information.....	4
Commonalities.....	6
Planning Guidelines.....	7
Planning Priorities.....	8
Consumers.....	8
Combined Board Governance Structure.....	8
Staffing.....	8
Financial Savings.....	8
Consolidation Planning Structure.....	9
Executive Steering Committee.....	9
Consolidation Planning Teams.....	10
Stakeholders Survey.....	11
Stakeholders Meetings.....	13
Key Issues & Recommendations.....	14
Agency Evaluation and Oversight.....	15
By laws.....	15
Client Rights and Confidentiality Issues.....	15
Communication.....	16
Facilities/Location.....	16
Finance, MACSIS and IT.....	17
Grants Management.....	17
Human Resources and Personnel.....	17
Program Development.....	18
Quality Improvement.....	18
Training.....	18
Target Functional Condition.....	19
Timeline and Benchmarks.....	20
Consolidation Executive Steering Committee Requests of BOCC.....	21

# Consolidation Background

- On September 10, 2007, the Cuyahoga County Community Mental Health Board (CCCMHB) and the Alcohol and Drug Addiction Services Board (ADASB) of Cuyahoga County announced that the Boards were jointly developing a plan for consolidation. The Cuyahoga County Board of County Commissioners (BOCC) charged the Boards to consolidate and enhance provisions of behavioral healthcare, and to submit the plan on December 6, 2007.
- The ultimate goal of this consolidation is to benefit consumers of mental health and alcohol and other drug addiction services in Cuyahoga County by bringing two successful organizations together to provide greater efficiency and effectiveness in the behavioral health system.
- Both Boards feel that the charge is an opportunity to form a new entity that will build on the strengths of both organizations and advance a best-fit service delivery system for all residents of Cuyahoga County.
- Consolidation of the Boards goes beyond making just good business sense to deal with similar Medicaid documentation, funding streams and other administrative duties. Consolidating mirrors the trend of providing integrated behavioral health services to many individuals living with a co-occurring mental illness and alcohol or other drug addiction.

## 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).
- A provision in the Ohio Revised Code, Chapter 340, permitted 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. In the last year, three boards have consolidated and the BOCC will seek state legislative authority to complete the local consolidation.



## Cuyahoga County Community Mental Health Board Information

- The CCCMHB is responsible and accountable for the planning, funding and monitoring of public mental health services delivered to the residents of Cuyahoga County.
- The primary focus is to provide a “safety net” of care for the needs of over 34,000 residents of Cuyahoga County, including 21,267 severely mentally disabled adults, and 12,725 severely emotionally disturbed children and adolescents, with a budget of \$118 million.

*A person with mental illness may not be able to work, attend school, and have meaningful and satisfying social and interpersonal relationships.*

*Some of the commonly identified disorders include major depression, bipolar disorder, anxiety disorders, obsessive compulsive disorder, post-traumatic stress disorder, and schizophrenia.*

- This “safety net” consists of over 35 provider agencies that have contracts with the CCCMHB to deliver mental health and supportive services to the residents of Cuyahoga County.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Achievement Centers for Children</li> <li>• Applewood Centers, Inc.</li> <li>• Beech Brook</li> <li>• Bellefaire Jewish Children’s Bureau</li> <li>• Bellflower Center</li> <li>• Benjamin Rose Institute</li> <li>• Berea Children’s Home and Family Services</li> <li>• Bridgeway, Inc.</li> <li>• Catholic Charities Services</li> <li>• Center for Families &amp; Children</li> <li>• Cleveland Christian Home for Children</li> <li>• Community Behavioral Health Center</li> <li>• Compeer Program</li> <li>• Consumer Protection Association</li> <li>• Cuyahoga County Court Psychiatric Clinic</li> <li>• Emerald Development and Economic Network</li> </ul> | <ul style="list-style-type: none"> <li>• Epilepsy Association</li> <li>• Far West Center</li> <li>• Future Directions</li> <li>• Home for TLC</li> <li>• Jewish Family Service Association</li> <li>• Laurelwood Hospital</li> <li>• Links Cleveland</li> <li>• Links East</li> <li>• Lutheran Metropolitan Ministry</li> <li>• Magnolia Clubhouse</li> <li>• Mental Health Services, Inc.</li> <li>• MetroHealth Medical Center</li> <li>• Murtis H. Taylor Multi-Service Center</li> <li>• NAMI-Greater Cleveland</li> <li>• Northcoast Behavioral Healthcare System</li> <li>• North East Ohio Health Services</li> <li>• Ohio Mentor, Inc.</li> <li>• Positive Education Program</li> <li>• Project One 2 One</li> <li>• Recovery Resources</li> <li>• St. Vincent Charity Hospital</li> <li>• SPECTRUM of Supportive Services</li> <li>• Visiting Nurse Association</li> <li>• West Side Ecumenical Ministry</li> </ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

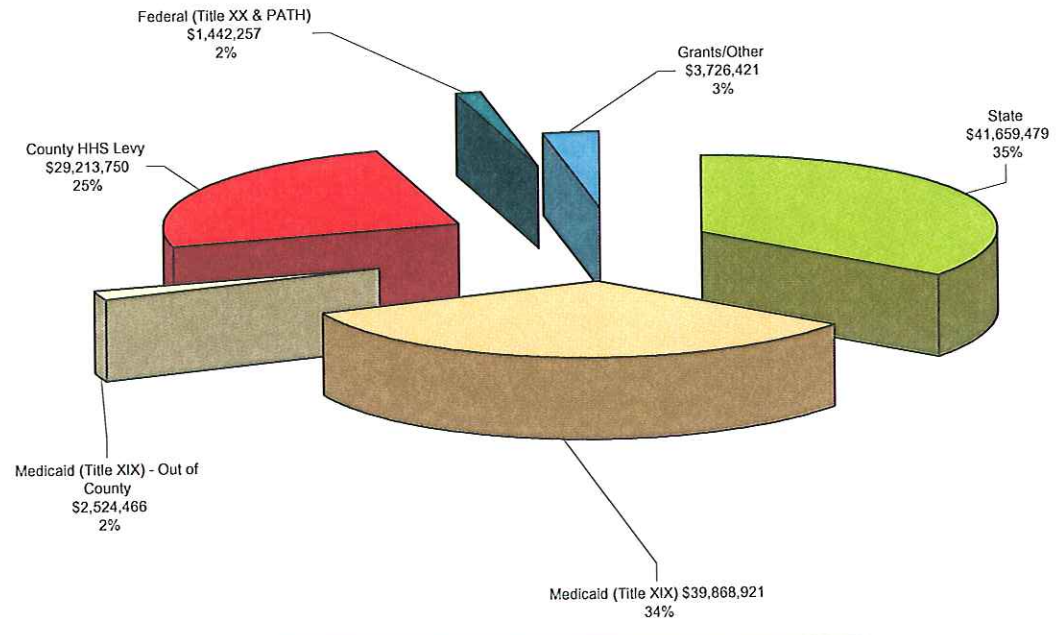
- “Named” Mental health services provided through these agencies include:
 

<ul style="list-style-type: none"> <li>• Mental Health Assessment</li> <li>• Counseling/Therapy</li> <li>• Pharmacologic Management</li> <li>• Self-help/Peer support Services</li> <li>• Housing/Residential</li> <li>• Inpatient Psychiatric</li> </ul>	<ul style="list-style-type: none"> <li>• Partial Hospitalization</li> <li>• Crisis Intervention</li> <li>• Employment/Vocational Services</li> <li>• Community Psychiatric Supportive Treatment (CPST)</li> <li>• School Psychology Services</li> </ul>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
- The CCCMHB operates Cuyahoga County’s 24-Hour Suicide Prevention, Mental Health Crisis, Information and Referral Line: 216-623-6888.

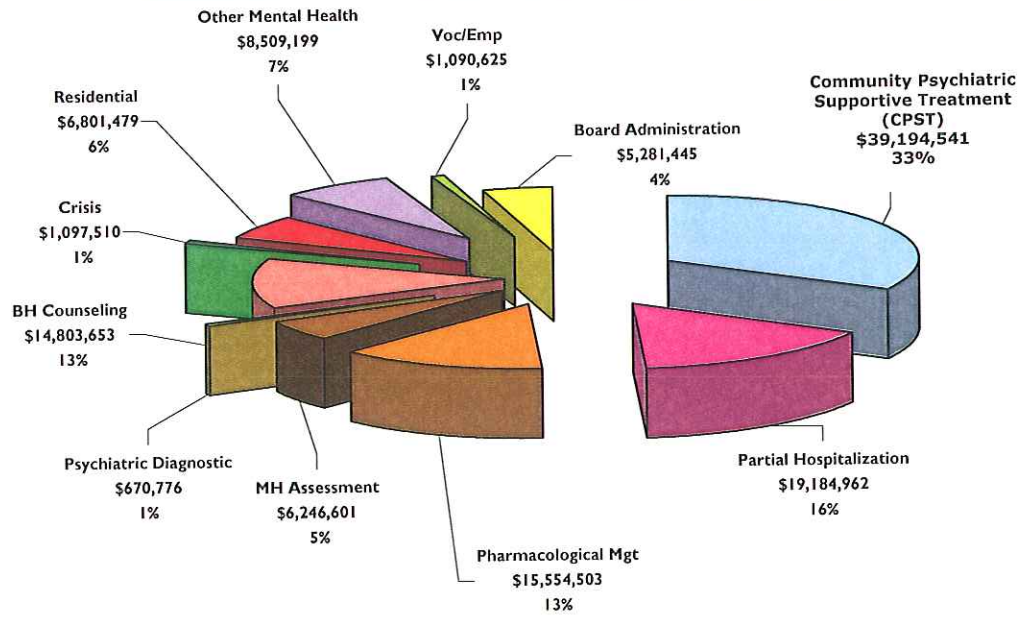


- The CCCMHB's annual budget is \$118 million, including a \$5.2 million, or a 4% operating budget.

### FY 2006 CCCMHB Revenues



### FY 2006 CCCMHB Expenditures





## Alcohol and Drug Addiction Services Board of Cuyahoga County Information

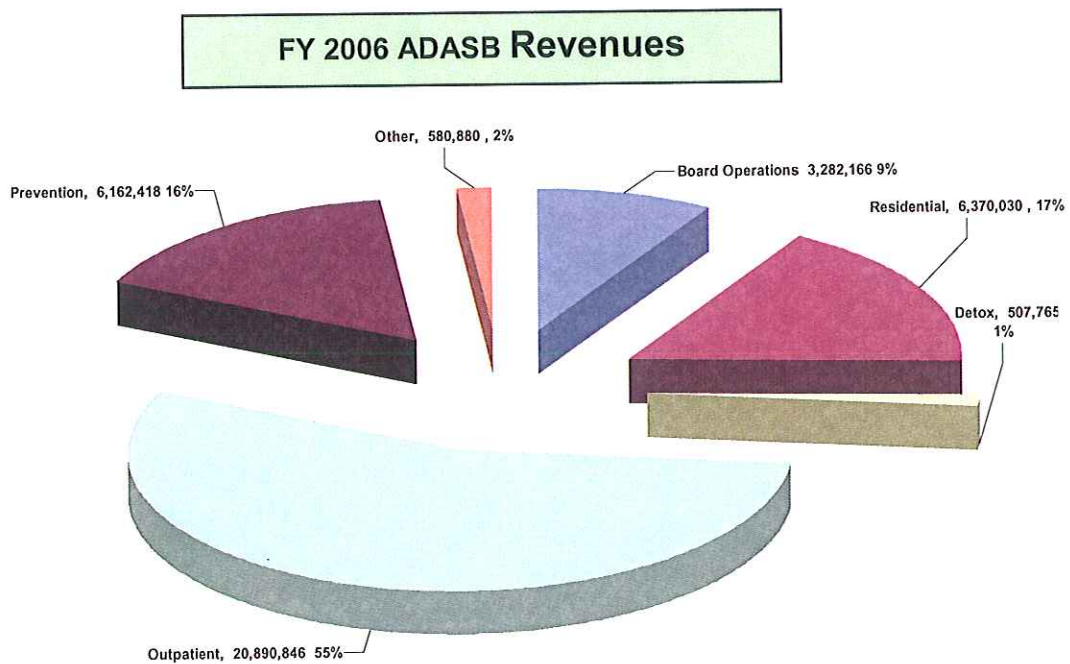
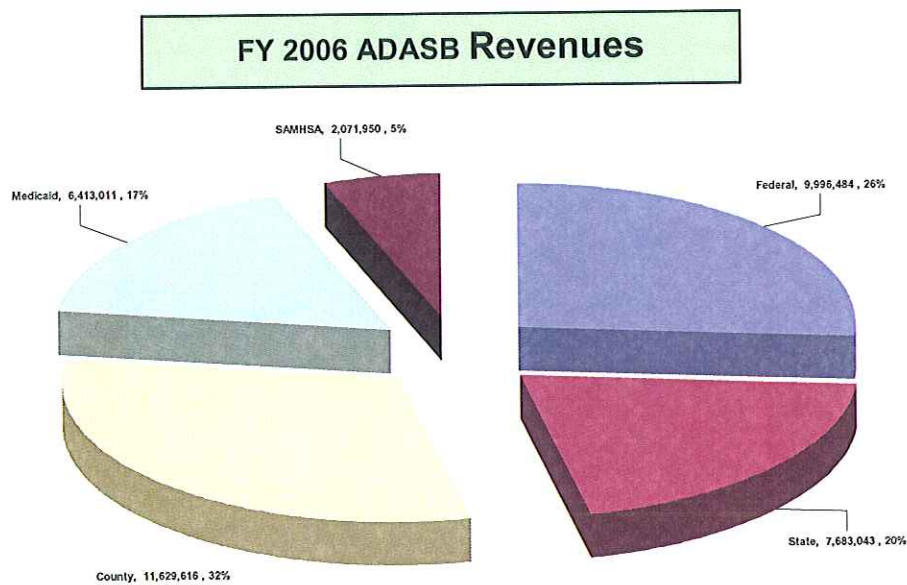
- The ADASB plans, monitors, and evaluates alcohol and other drug services that encourage wellness, prevention, and recovery for the residents of Cuyahoga County.
- With a \$38 million budget, the ADASB administers federal, state, and local funding for substance abuse prevention and treatment services, and contracts with a network of over 40 agencies that provide over 100 programs for 9,373 residents of Cuyahoga County, including 8,285 adults, and 1,088 children and adolescents. Together, these agencies represent a continuum of care from prevention and early intervention to residential, outpatient, and aftercare treatment services:

- AIDS Taskforce of Greater Cleveland
- Asian Services in Action, Inc.
- Bellefaire Jewish Children's Bureau
- Berea Children's Home & Family Services
- Bridgeway, Inc.
- Catholic Charities Services
- Center for Families & Children
- City of Cleveland, Department of Public Health
- Cleveland Hearing and Speech Center
- Cleveland Treatment Center
- Cleveland Urban Minority Alcoholism and Drug Abuse Outreach Project (UMADAOP)
- Community Action Against Addiction (CAAA)
- Community Assessment & Treatment Services
- Community Challenge
- Community Re-Entry
- Connections: Health. Wellness. Advocacy.
- Covenant, Inc.,
- Cuyahoga County Department of Justice Affairs
- Cuyahoga County Division of Youth Services - Youth Development Center (YRC)
- East Cleveland Neighborhood Center
- East Side Catholic Center & Shelter
- Free Medical Clinic of Greater Cleveland

*The typical customer that utilizes detoxification services is a middle aged, single, male who resides with family in the Ohio City area. He is a high school graduate who is unemployed, but actively seeking work. His primary drugs of choice are crack cocaine and alcohol. Although he has been criminal justice involved, he has not been rearrested in the past two years. His first age of intoxication was thirteen. He is typically self-referred to the public detoxification program. Beyond detoxification, these customers meet the criteria for linkage to a residential treatment facility.*

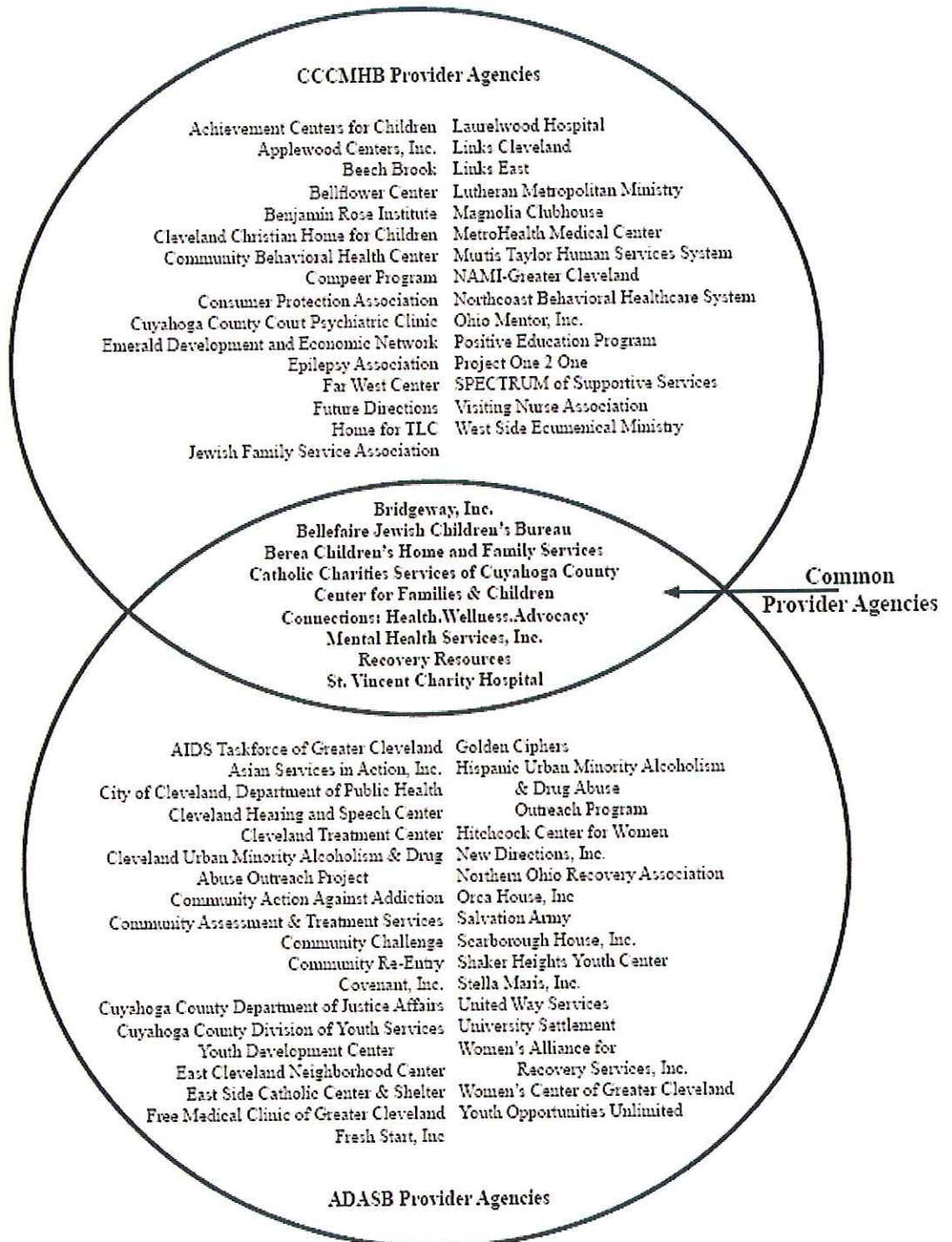
- Fresh Start, Inc
- Golden Ciphers
- Hispanic Urban Minority Alcoholism & Drug Abuse Outreach Program (HUMADAOP)
- Hitchcock Center for Women
- Mental Health Services, Inc.
- New Directions, Inc.
- Northern Ohio Recovery Association (NORA)
- Orca House, Inc
- Recovery Resources
- Salvation Army
- Scarborough House, Inc.
- Shaker Heights Youth Center
- Stella Maris, Inc.
- United Way Services
- University Settlement
- Women's Alliance for Recovery Services, Inc.
- Women's Center of Greater Cleveland
- Youth Opportunities Unlimited

- Alcohol and other drug services provided through these agencies include:
  - Assessment
  - Case Management
  - Crisis Intervention
  - Medical/Somatic
  - Individual and Group Counseling
  - Intensive Outpatient
  - Urinalysis
  - Methadone Administration
  - Community Residential Treatment
  - Prevention
  - Problem Identification and Referral
- The Board operates a Training Institute that provides over 192 free workshop sessions annually for social work and chemical dependency professionals and the general community.
- The ADASB's annual budget is \$38 million, including a \$3 million or an 8% operating budget.



# Commonalities

- Each organization is governed by an 18 member volunteer Board: 12 members of each are appointed by the Cuyahoga County Commissioners, and 6 members are appointed by ODMH or ODADAS. The length of term for each appointment is four years.
- The CCCMHB and the ADASB fund nine of the same providers:



The typical adolescent admitted into alcohol and drug treatment is a male 14-17 years of age. He has been referred to the system either by the juvenile justice system or by self-referral. His primary drug of choice is marijuana. The secondary drug of choice for this group is alcohol. Generally, he lives at home with family members or other relatives.

## Planning Process to Date

### Planning Guidelines

- The Executive Steering Committee developed the following eight Consolidation Guidelines, a “living document” that may be updated as the consolidation process unfolds, to assist all teams with the consolidation planning process and ensure movement on the same path:
  - 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.
  - The plan designers will 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.
  - 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
  - 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.
  - Seek **administrative efficiencies**, where appropriate, with no destruction of community value; and review other counties’ experiences for lessons learned.
  - The existing boards will carry on business as usual, where appropriate, experiencing **no disruption** of consumer/client services.
  - Promote **cultural sensitivity and competence**, understanding the uniqueness of consumer/client populations, and adopting appropriate administrative and programming policies and practices.
  - The plan designers will **promote best practices** throughout the new organization, including the performance and outcomes expected of its providers.

# Planning Priorities

## I. Consumers:

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

## II. 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 is recommended that nine current Board of Governors from the CCCMHB, and nine current Board Members of the ADASB be appointed to form a new 18 member behavioral health board.
- 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.
- c. Members of a new behavioral health board are appointed by the following authorities:
  1. ODMH appoints four Board Members
  2. ODADAS appoints four Board Members
  3. BOCC appoints 10 Board Members

## III. Staffing:

- a. The new Board will appoint the Executive Officer.
- b. All CCCMHB and ADASB staff members will be staff of a new behavioral health board, either in the same or similar positions, or will receive training for other positions.
- c. The CCCMHB has 65 positions on its table of organization. Of the 65 positions, 12 are currently vacant. Forty of the 65 positions on the CCCMHB table of organization are part of a collective bargaining unit: The Ohio Association of Public School Employees and its Affiliate Local #328 AFSCME, AFL-CIO.
- d. The ADASB has 33 positions on its Table of Organization. All of these positions are currently filled.
- e. Savings in personnel line items may be achieved through the reduction of staff through possible early retirement, not filling some open positions with new employees, and through natural attrition.

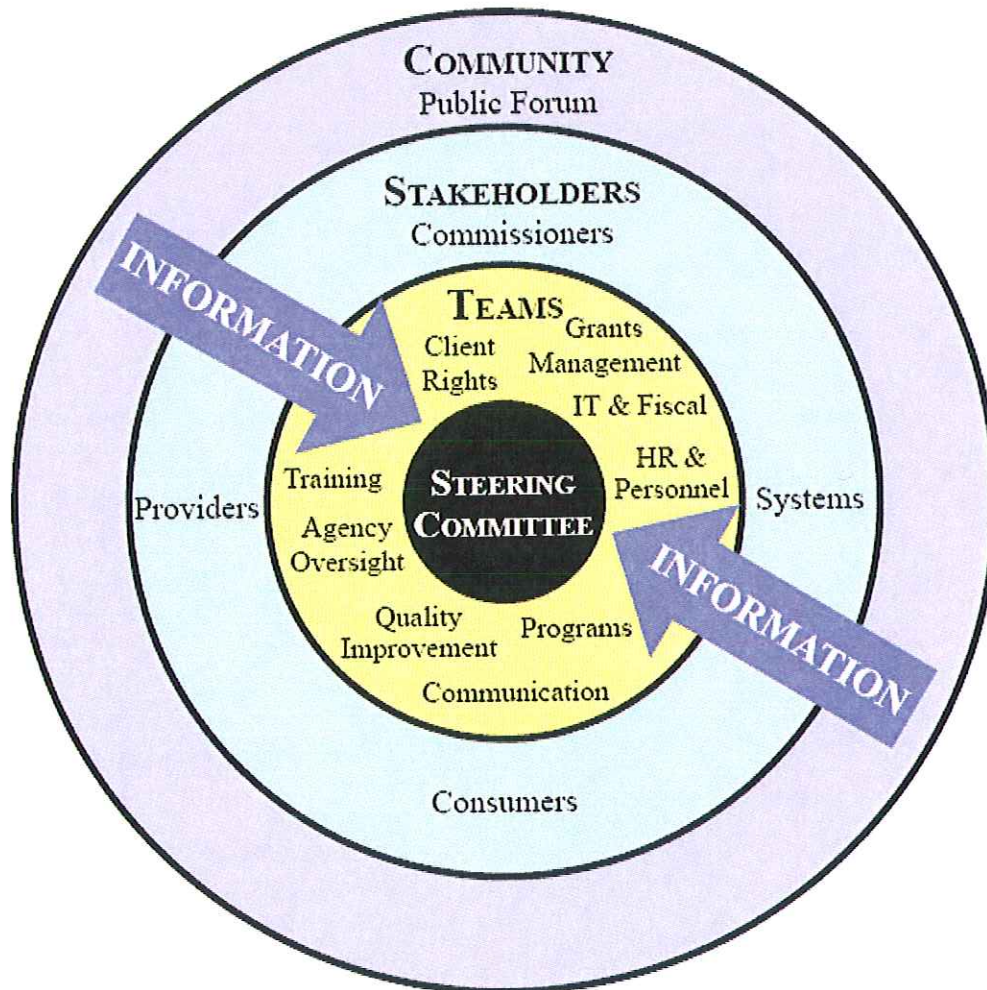
## IV. Financial Savings:

- a. Financial savings from the consolidation will be reinvested into the behavioral health system for mental health and other alcohol and other drug addiction services. However, we recognize that the consolidation of the CCCMHB and ADASB is not viewed as a remedy for the inadequate funding for behavioral health services.

# Consolidation Planning Structure

- **Consolidation Executive Steering Committee:** *(See Attachment 1 for Executive Steering Committee meeting agendas)*
  - Provide leadership in the planning process, set team charges and specify expectations and plan format; finalize recommendations to Commissioners, craft mission, and visualize and advocate for the end product (target condition).
  - Team Members:
    - Kathryn E. Gambatese, CCCMHB Chair
    - Russell E. Johnson, ADASB Chair
    - William M. Denihan, CCCMHB CEO
    - Russell S. Kaye, PhD, ADASB Executive Director

## Information Gathering and Identification of Key Issues



- **Consolidation Planning Teams:**

- Planning teams comprised of staff and board members from the CCCMHB and ADASB have been established to thoroughly review operations and services of both boards. The teams have been meeting and making recommendations to the consolidation Executive Steering Committee.
- The Consolidation Planning Teams in alphabetical order are: *(See Attachment 2 for team charges and members)*
  - Agency Evaluation and Oversight
  - By laws
  - Client Rights and Confidentiality Issues
  - Communication
  - Facilities/Location
  - Finance, MACSIS and IT
  - Grants Management
  - Human Resources and Personnel
  - Program Development
  - Quality Improvement Research and Evaluation
  - Training

The typical customers involved in school based alcohol and drug addiction prevention programs are in the county's southeastern areas is a youth between the ages of six and thirteen. Most reside the urban inner city or surrounding inner ring suburbs. Most live in single-parent homes. If the mother is not the head of household, a grandparent and/or other caregivers has assumed responsibility for the child. A high percentage has had a high level of exposure to and acceptance of frequent alcohol and other drug use. Most have a family history of alcohol and other drug issues that have impacted the family, resulting in a high level of family stress. Most have low school performance. Many of the youth have low impulse control, and exhibit overly assertive behavior.



## Stakeholders Survey

- The ADASB and the CCCMHB took the opportunity to solicit stakeholders' views on this consolidation through the issuance of separate surveys.
- The ADASB received 17 responses from the survey, and the CCCMHB received 31 responses to the survey: 17 from providers, nine from staff, one from the Board of Governors, and four from consumers/community
- Some common themes of the **CCCMHB survey**: (See Attachment 3 for complete results)

While in prison, offenders who have mental illness are treated, but once released, they often receive no medication or treatment. Without proper medication and treatment, 60% of ex-offenders with a mental illness usually return to prison. Recidivism can be reduced to 20% when services are provided to parolees through a Community Assertive Treatment (ACT) Team. Another program has seen a recidivism rate of less than 5%.

Through these programs, prisoners with a mental illness returning home are provided treatment, medication, and assistance in contacting family, obtaining housing, linking to other benefits, and finding hope through vocational training and employment.

- I. Top three major benefits regarding consolidation are: efficiency and administrative cost savings, better coordination of services, and increased dollars available for treatment services.
- II. Self interests in preserving the past and jobs, fear of change and diverting funding and focus from alcohol and other drug addiction services were seen as the major obstacles in consolidating.
- III. Basic services such as medication, housing, hospitalization, employment and crisis services, in addition to services that integrate recovery, mental health, alcohol and other drug addiction services were considered to be key service priorities that must be maintained in the consolidated board.
- IV. All current functions of both boards, albeit integrated, and funding and oversight (auditing) of providers were the two most mentioned functions that should be maintained in a new behavioral health board.
- V. Most of the individual responses indicated that the consolidation would have a positive personal and/or professional impact, including an opportunity to meet and work with a larger scope of behavioral health administrators and professionals; however there is also concern over loss of jobs.
- VI. Streamlining of reporting requirements, ease of billing, and improved access to services and care delivery in a seamless system is seen as a benefit to providers. Other individual responses indicate a fear that funding to providers, especially if not dually certified, will be reduced.

- o Some common themes of the **ADASB survey**: *(See Attachment 4 for complete results)*
  - I. Providers perceive that the benefits of consolidation would be a continuum of care, unified funding streams and improved access to psychiatric and mental health services.
  - II. First concern regarding consolidation is the loss of autonomy with alcohol and other drug services. The second concern is the loss of or competition for funding and resources.
  - III. Providers indicated overwhelmingly that the current service classification needs to be preserved.
  - IV. Provider perceived advocating for understanding and staying focus on addiction as critical to AOD service delivery.
  - V. Five participants foresee consolidation as a positive impact on AOD service delivery, four see it as a possible positive if certain measures are taken, five see it as negative and one participant was unsure.
  - VI. Provider perceives integration and coordination of services with expertise in AOD and mental health will help the Board expand and improve.
  - VII. Providers believe that advocacy for all AOD providers and services will prevent a negative impact on AOD services.
  - VIII. Lessening and competing for the already limited funding source is the fear providers feel will impact their agencies.

# Stakeholder Meetings

The Executive Steering Committee ensured that a transparent process was used in developing this plan. The ADASB and the CCCMHB solicited input from providers, consumers, staff, family members and other stakeholders about the consolidation through public meetings. (See Attachment 5 for meeting agendas and summaries)

Date	Time	Audience	Purpose
Friday, October 5 & Saturday, October 6	All Day	CCCMHB & ADASB Staff and Board Members	<b>Retreat:</b> Discussion of strengths, challenges, vision, opportunities and resources needed to develop a new behavioral health board.
Monday, October 22	1 - 4:30 p.m.	Over 60 providers, consumers, and family members.	<b>Public Meeting:</b> The meeting gave providers and partners the chance to express concerns and make recommendations.
Friday, October 26	10 - 11:30 a.m.	Over 70 people representing consumers, families, providers and system partners.	<b>BOCC Public Forum:</b> Gave participants an opportunity to voice their support and concerns about the consolidation.
Wednesday, November 14	11:00 a.m. – 12:00 p.m.	Provider and Advocacy Associations	<b>Provider and Advocacy Organization Meeting:</b> Leaders voiced concerns and offered recommendations.
Thursday, November 15	5:30 - 8:00 p.m.	Nearly 30 Consumers, providers, and partners	<b>Public Meeting:</b> The meeting gave consumers, providers and partners the chance to express concerns and make recommendations.
Monday, November 19	2 - 3:00 p.m.	14 heads of County Departments/ Partners	<b>County Partners Meeting:</b> Directors voiced concerns and offered recommendations.
Monday, December 3	6:30 – 8:00 p.m.	CCCMHB and ADASB Board members	<b>Joint Board Meeting:</b> Board Members reviewed and commented on the draft consolidation plan, and passes a joint resolution expressing support for the consolidation.

In addition, the Executive Steering Committee consistently met throughout the Planning process for review and discussion.

# Key Issues and Recommendations

Each Consolidation Planning Team identified key issues that must be addressed before the consolidation can take place and recommendations to consider. *(See Attachment 6 for team status reports)*

## Global Key Issues:

The following represent global key issues that are common among each team to the consolidation process:

- Services to consumers/clients and the residents of Cuyahoga County are the top priority.
- Funding.
- Integration of operations and business practices, including reporting, contracting and cultural philosophies.
- A Table of Organization must be developed to provide a structure to the organization and assist with staffing decisions.
- A decision on location, whether purchase of new construction, purchase and renovation of an existing structure, renovation and leasing of an existing structure, or leasing of a move-in ready facility, must be made.

*More teens and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined. Young adults ages 16-22 with serious emotional disturbances taking on the responsibilities of adulthood are getting help through clinical and housing services and vocational opportunities.*

The following **Key Issues and Recommendations** are specific to functional areas, and are the beginning of an evolving consolidation process:

- **Agency Evaluation and Oversight**

- **Key Issues:**

- Identify the roles and responsibilities of CCCMHB and ADASBCC staff concerning compliance auditing, certification standards and processes, accreditation requirements, and technical assistance.

- **Recommendations:**

- Maintain adherence to alcohol and other drug addiction and mental health state requirements.
- Insure that the Board review process includes fiscal, clinical, program and quality improvement.
- Identify joint record selection process for all compliance review and auditing functions.

- **By laws**

- **Key Issues:**

- Appointment process for “grandfathering” of nine current members of each Board to a new behavioral health board.
- Define operational procedures for new Board.

- **Recommendations:**

- “Grandfathering” of nine current members of each Board to a new behavioral health board.
- Establish operational procedures for new Board.

- **Client Rights and Confidentiality Issues**

- **Key Issues:**

- Whether to have one process for AOD and MH complaint and grievance investigations.
- Identify the necessary policies which should be implemented and determine the appropriateness of combining CCCMHB and ADASBCC board and operational policies.
- Identify requirements for each board regarding the use of releases of information. Determine opportunities to streamline release of information, including the use of county wide release of information forms.

- **Recommendations:**

- Keep high priority on consumer confidentiality.
- Facilitate meetings between CCCMHB and ASASBCC Adult Consumer Advisory Councils so consumers can get to know each other.
- Consolidation’s effect on consumers should be evaluated.

- **Communication**

- **Key Issues:**

- A clear and concise unified mission statement should be developed for the new organization from which a communication plan, advocacy goals, identity branding, etc., can be developed.
    - Explore creation of two departments to handle combined alcohol and other drug and mental health communication: One for External Affairs and one for Education & Training.
    - Increasing mental health and alcohol and other drug addiction public awareness campaigns.

- **Recommendations:**

- Create two departments to handle combined alcohol and other drug and mental health communication and education and training activities and programs: One for External Affairs and one for Education & Training.
    - Develop a communication goal and plan for a new behavioral health board after the mission and vision for the new organization are established. This goal should reflect the overall goals of the new Board and its desired outcomes, while incorporating the strengths of the previously established communication goals of the CCCMHB and ADASB.

- **Facilities/Location**

- **Key Issues:**

- A decision on location with free parking, its proximity to downtown, whether purchase of new construction, purchase and renovation of an existing structure, renovation and leasing of an existing structure, or leasing of a move-in ready facility, must be made.
    - Decision on layout large enough to accommodate all departments, including Training Institute.
    - Both lease agreements expire in 2008 and extensions must be reviewed.

- **Recommendations:**

- A decision on location with free parking, its proximity to downtown, whether purchase of new construction, purchase and renovation of an existing structure, renovation and leasing of an existing structure, or leasing of a move-in ready facility, must be made by March 1, 2008.
    - Decision on layout large enough to accommodate all departments, including Training Institute.
    - Lease extensions should cover entire consolidation process of approximately 18-24 months.

The typical customer participating in the ADASB's federal project called *Clear Path Program for the Homeless* is a middle aged female. She has post traumatic stress syndrome as the result of domestic violence. Ninety percent of the program participants display symptoms of post traumatic stress disorder (PTSD). She does not meet the criteria for Social Security of Disability Assistance and is a likely candidate for a job readiness or employment skills program. She will most likely be placed in an intensive outpatient AOD program. Ten percent of this group participated in residential programming. 42% of the participants have intensive case management issues. Locating permanent housing is the most significant concern for this group.

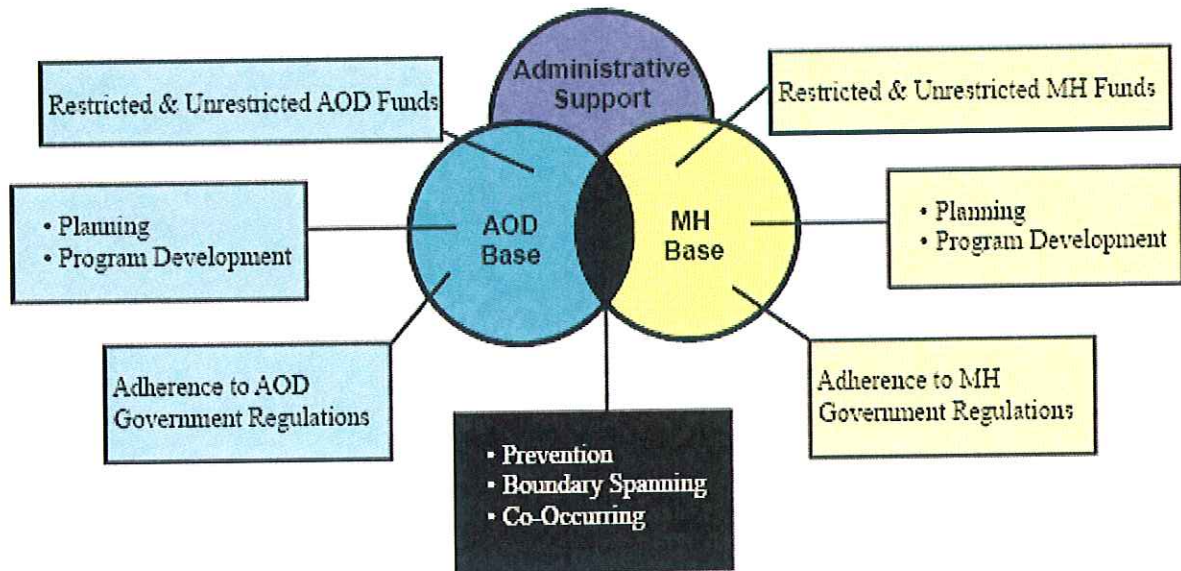
- **Finance, MACSIS and IT**
  - **Key Issues:**
    - Standardize policies and contracting procedures.
    - Determine how providers can integrate the use of third party payers.
    - Determine departmental structures.
    - Consolidate server room and computer resources.
  - **Recommendations:**
    - Retain separate financial, MACSIS and IT processes during initial consolidation process, with planned phase-in to integration
    - Determine method of contracting with provider agencies to provide service.
  
- **Grants Management**
  - **Key Issue:**
    - Ensuring the creation of a structure/process that allows the new organization to identify community needs and significant service gaps to, in turn, identify appropriate funding opportunities.
  - **Recommendations:**
    - Clearly identify priority populations, gaps in service and the best practices required within a behavioral health system in order to close those gaps.
    - Build upon current practices at both Boards to create a team approach to articulating the vision, seeking funding opportunities and managing grant-funded programs.
    - Establish centralized grants management process that includes centralized monitoring and data reporting in addition to the application process.
    - Map out current grant programs and obligations.
  
- **Human Resources and Personnel**
  - **Key Issues:**
    - Boards must decide if offering Early Retirement Incentive Program (ERIP) and term thereof, as well as how those positions may or not impact development of new table of organization.
    - How employees will be "grandfathered" into new organization.
    - Determine levels of sick, vacation, seniority, etc.
    - Table of organization format or style. Includes type of structure and titles, functions, etc.
    - Determining impact of and how the collective bargaining unit will be integrated into the new organization.
  - **Recommendations:**
    - Utilize cutting-edge HR practices to maximize human potential (*e.g.*, job sharing, remote work sites, etc.).
    - Provide an opportunity for employees to assist in drafting job descriptions.
    - Begin consolidation of benefits package.
    - Address collective bargaining and relationship to civil service and other matters.

- **Program Development**
  - **Key Issues:**
    - Develop strategy for new program development.
    - Determine role for the auditors and program reviewers.
  - **Recommendations:**
    - Identify system's priorities.
    - Meet with recently consolidated AOD/MH Boards to learn details regarding the "dos and don'ts" when consolidating.
    - Begin strategic planning process within two years of the Board's consolidation.
    - Begin discussions with state departments regarding the potential for the development of joint planning documents and reporting in Cuyahoga County.
    - Begin planning process for the development of a centralized intake process that includes mental health assessment and incorporates aspects of the AOD central intake process.
  
- **Quality Improvement**
  - **Key Issue:**
    - Commitment to Total Quality Management as an organizational management philosophy that employs QI principles and data-based decision-making throughout organization.
  - **Recommendations:**
    - Integrate internal and external Quality Improvement processes for AOD and MH into a centralized system wherever possible under the direction of a Director of Quality Improvement.
    - Integrate Research and Evaluation for AOD and MH under the a Director of Evaluation and Research, including participation in national demonstration projects, local pilot studies, collaboration with local research universities, and analyses of local primary data to improve services.
    - Establish Report Card with AOD and MH performance measures and move towards performance-based contracting with all providers.
    - Use Malcolm Baldrige organizational principles in development of a new behavioral health board.
    - Have all BH providers become independently accredited by CARF, JCAHO, or COA within three years of completion of consolidation.
  
- **Training**
  - **Key Issues:**
    - Selection of location convenient to people attending trainings.
    - Amount and layout of space conducive to holding trainings.
    - Expansion of alcohol and other drug and mental health trainings.
  - **Recommendations:**
    - Develop training goal and plan for a new behavioral health board.
    - Create two departments to handle combined alcohol and other drug and mental health communication and education and training activities and programs: One for External Affairs and one for Education & Training.
    - Consider uniqueness of Training Institute in regards of amount of physical space and location.



# Target Functional Condition

## Behavioral Health Board Balanced Operations



This chart depicts a consolidation scenario, based on information gathered during Phase One and the subsequent identification of key issues. The scenario is in keeping with the planning guideline to work toward a dual commitment to excellence and has the following characteristics:

- Equal and balanced consideration of the mental health and alcohol and other drug prevention and treatment needs of the community through planning and program development.
- Overarching administrative functions, including finance operations, billing, IT, and others supporting planning, program development, quality improvement, grants, and research areas, among others.
- An integration of services as appropriate, but not losing sight of the uniqueness of each existing board's base populations and professional differentiation, including expansion of prevention and early intervention services methodology in mental health, and enhancing services for persons with co-occurring disorders.
- A capacity to meet unique mental health and alcohol and other drug governmental regulations.
- A balanced financial function that administers restricted and unrestricted mental health and alcohol and other drug addiction services funds.

The "grandfathering" of staff and board members ensures that institutional knowledge, continuity, experience, and expertise carry forward to the new consolidated board, and provides the environment for creative inclusion of staff and board members that is vitally essential for a successful redesign of government.

# Consolidation Process Timeline and Benchmarks

- August 30, 2007: BOCC requests consolidation of CCCMHB and ADASB
- October 5, 2007: Boards' Staff Retreat
- October 6, 2007: Boards' Staff and Board Member Retreat
- October 22, 2007: Public Stakeholder Meeting
- October 26, 2007: BOCC Public Meeting
- November 14, 2007: Provider & Advocacy Association Meeting
- November 15, 2007: Public Stakeholder Meeting
- November 19, 2007: County Partner Meeting
- December 3, 2007: Joint Board Meeting
- December 6, 2007: Presentation of Consolidation Plan to BOCC
- No later than January 31, 2008: Passing of BOCC resolution adopting Consolidation Plan
- No later than January 31, 2008: Hiring of Facilitator to assist with consolidation
- March 1, 2008: Decision on space, location and parking parameters
- February 1 through April 1, 2008: BOCC Introduction of Legislation to General Assembly
- March 30, 2009: Selection of 18 members for a new behavioral health board
- March 31, 2008 through April 15, 2008: Extend CCCMHB lease to July 1, 2009
- May 30, 2008 through June 15, 2008: Extend ADASB lease to July 1, 2009
- TBD: Decisions on Governance
- TBD: Table of Organization finalized
- June 30, 2009: Finalize location, move, etc.
- June 30, 2009: Legally dissolve CCCMHB and ADASB
- July 1, 2009: Legally incorporate a new behavioral health board, "grandfathering" by appointing authorities of existing board members per recommendations of existing boards.
- July 1, 2009: Meeting of a new behavioral health board to:
  - Hire Executive Officer
  - Agree to bylaws
  - Make decisions on Governance

## **Consolidation Executive Steering Committee Requests of the Board of Cuyahoga County Commissioners December 6, 2007**

1. Acceptance of Alcohol and Drug Addiction Services Board of Cuyahoga County and the Cuyahoga County Community Mental Health Board **joint resolution** stating support for the consolidation of the Boards.
2. The Consolidation Steering Committee requests that the BOCC pass a resolution in Calendar Year 2007 supporting the consolidation of the CCCMHB and the ADASB and adoption of this **Consolidation Plan**. See BOCC Sample Resolution
3. The Consolidation Steering Committee requests that the BOCC **provide funding to the Boards to hire a facilitator** to manage the remaining phases of consolidation.
4. The Consolidation Steering Committee requests that the **BOCC work with a local state legislator to sponsor language** that is needed to open the Ohio Revised Code to legally allow the CCCMHB and the ADASB to consolidate. Recommended language should be exclusive to Cuyahoga County and factor in the appointment of nine members from each current Board to a new behavioral health board for Cuyahoga County.

**Cuyahoga County Board of County Commissioners  
(Sample) RESOLUTION**

Adopting Plan to Consolidate  
Alcohol and Drug Addiction Services Board  
and the  
Community Mental Health Board

**WHEREAS**, the Board of County Commissioners (BOCC) has charged the Alcohol and Drug Addiction Services Board and the Community Mental Health Board to consolidate, and

**WHEREAS**, the Boards have moved forward collaboratively to gather stakeholder views and guidance and have identified key issues, and

**WHEREAS**, the Boards have presented a joint Plan to Consolidate to the BOCC, and

**WHEREAS**, the BOCC recognizes the Boards' due diligence and finding it to be commendable, and

**WHEREAS**, the BOCC supports the guiding principles of the consolidation planning process.

**NOW, THEREFORE, IT IS RESOLVED THAT:**

1. The BOCC accepts the Plan to Consolidate.
2. The BOCC will seek state legislative authority to consolidate the boards no later than June 30, 2009.
3. The BOCC will ensure an equitable appointment of members to the new board, five with an interest in mental health programs and facilities and five with an interest in alcohol and other drug addiction programs.
4. The BOCC will reappoint members of the existing boards to the new board, no later than July 1, 2009, on the recommendations of the existing boards, with one-third of the appointments for terms of two years, one-third for three years, and one-third for four years.

**RECOMMENDED LEGISLATION  
TO CONSOLIDATE THE  
ALCOHOL AND DRUG ADDICTION AND  
MENTAL HEALTH BOARDS  
Changes to O.R.C. 340.021  
(December 6, 2007)**

**Preferred Lanaguage:** Strikeouts remove existing language; words in italics are new language

~~(B) If a board of county commissioners~~ *As the board of county commissioners of Cuyahoga County* subject to division (A) of this section did not adopt a resolution providing for a board of alcohol, drug addiction, and mental health services, the board of county commissioners may establish such a board in accordance with the following procedures:

~~(1) Not later than January 1, 2007, the board of county commissioners shall adopt a resolution expressing its intent to establish a board of alcohol, drug addiction, and mental health services.~~

~~(2) After adopting a resolution under division (B)(1) of this section, the board of county commissioners shall instruct the county's community mental health board and alcohol and drug addiction services board to *plan for consolidation* prepare a report on the feasibility, process, and proposed plan to establish *into* a board of alcohol, drug addiction, and mental health services. The board of county commissioners shall specify the date by which the report must be submitted to the board for its review.~~

~~(3) After reviewing the report prepared under division (B)(2) of this section, the board may adopt a final resolution establishing a board of alcohol, drug addiction, and mental health services not later than June 30, 2009. A final resolution establishing such a board shall be adopted not later than July 1, 2007.~~

*(2) The community mental health board and the alcohol and drug addiction services board shall jointly recommend to the state directors of mental health and alcohol and drug addiction services and the board of county commissioners, members for reappointment to the new board of alcohol, drug addiction, and mental health according to this procedure:*

*(a) Pursuant to section 340.02, commencing no later than the first day of July 2009, one-third of initial appointments to the newly established board shall be for terms of two years, one-third of initial appointments shall be for terms of three years, and one-third of initial appointments shall be for terms of four years.*

*(b) Notwithstanding section 340.02, board composition shall be eighteen members with nine members interested in mental health programs and facilities and nine other members interested in alcohol or drug addiction programs.*

*(c) The state directors of mental health and alcohol and drug addiction services and the board of county commissioners shall ensure the board's continuing composition reflects the interests of the initial board.*

**NOTES:**

1. Legislation is exclusive to Cuyahoga County
2. Board members of the mental health (MH) and alcohol and other drugs (AOD) boards will be reappointed or grandfathered into the new board of directors equally. "Equally" is defined as nine members that are MH advocates and nine members as AOD advocates, which is consistent with the intent of the plan designers to work toward a **dual commitment to excellence** with equitable consideration of the MH and AOD service needs of the community, enhancing integrated care as appropriate, but not losing sight of the uniqueness of each existing board's base populations.

**Alternative Language:** Removes reference to grandfathered board members, leaving equitable appointment of board members to a local BOCC practice, formally adopted by resolution

~~(B) If a board of county commissioners~~ *As the board of county commissioners of Cuyahoga County* subject to division (A) of this section did not adopt a resolution providing for a board of alcohol, drug addiction, and mental health services, the board of county commissioners may establish such a board in accordance with the following procedures:

~~(1) Not later than January 1, 2007, the board of county commissioners shall adopt a resolution expressing its intent to establish a board of alcohol, drug addiction, and mental health services.~~

~~(2) After adopting a resolution under division (B)(1) of this section, the board of county commissioners shall instruct the county's community mental health board and alcohol and drug addiction services board to *plan for consolidation* prepare a report on the feasibility, process, and proposed plan to establish *into* a board of alcohol, drug addiction, and mental health services. The board of county commissioners shall specify the date by which the report must be submitted to the board for its review.~~

~~(3) After reviewing the report prepared under division (B)(2) of this section, the board may adopt a final resolution establishing a board of alcohol, drug addiction, and mental health services not later than June 30, 2009. A final resolution establishing such a board shall be adopted not later than July 1, 2007.~~

**NOTES:**

1. Legislation is exclusive to Cuyahoga County
2. The balanced composition of mental health and alcohol and drug addiction interests on the new board is accomplished by the Cuyahoga County BOCC, through a board member appointment protocol that preserves equity. According to 340.02, ODMH and ODADAS may each appoint four members and the BOCC may appoint ten members. Therefore, the BOCC has the discretion to balance the interests on the board through equal appointments, five with a mental health interest and five with an alcohol and other drug interest. **The BOCC protocol is adopted by resolution.**