PROGRAMS & SERVICE DELIVERY

Reviewed:
Planning & Oversight Committee
2/13/19

GOAL #1

Our programs and services will enhance and maintain a culturally competent, comprehensive, and fully integrated system of behavioral healthcare that is cost effective and outcomes driven toward resiliency and recovery.

1.0 - ENSURE CONTRACTED SERVICES ALIGN WITH COMMUNITY NEEDS AND THE BOARD'S STRATEGIC DIRECTION

RESPONSIBILITY TO ACCOMPLISH OBJECTIVE

1.1 - Invest in more programs that meet the Board's standards for accountability and strong program monitoring

- RFI Team **CEO**
- All managers **Directors, Chiefs, Staff**
- Evaluation & Programming
- Risk Management

Action Steps:

1. Develop priority funded areas for Information (RFIs) for needed services **1. Priority Setting w/community; adopted 6/27/18**
2. Promote diversity and cultural competence among Staff **2. Culturally Competent Programming and Personalized Behavioral Health Care Training to Faith-based, BOD & Providers**
3. Establish performance based contract reporting requirements **3. Simplified reporting requirements in 2019 contract**
4. Provide technical assistance to Providers Agencies **4. Ongoing**
5. Utilize Evaluation and Program data to evaluate all programs at 6 and 12 month intervals **5. Used during RFP review and recommendations for 2019 Budget**
6. Implement outcome measurement tools that indicate programming success **6. Use of DECA, DESSA, BAM**
7. Monitor Provider compliance with contracts **7. & 8 Hired Dir. of Risk Management; Updated some language in 2019 Contracts**
8. Add new contract language to describe: program reviews; PIP

1.2 - Re-evaluate the current funding portfolio and ensure alignment with the Board's strategic direction

- CEO
- Executive Team
- Planning
- Fiscal Evaluation

Action Steps: **1. & 2 Cuyahoga County Crisis Response Needs Assessment; Priority Setting Process; RFI Process; Children's System Mapping**

1. Review current service and program continuum with Planning Division for both children's and adult systems
2. Identify service, program gaps and barriers in the children's & adult system
3. Provide an analysis of each program funded via the Board to identify service/program deficits in effort to make informed program recommendations for funding consideration
4. Monitor Impact of Affordable Care Act and Behavioral Health Redesign changes **4. New codes in Contract Attachment 2; SHARES ending, GOSH; Co-Sponsored BH Redesign Trainings for Providers; Ongoing**
5. Establish criteria for which an agency would be placed on a Performance Improvement Plan, (PIP) "Watch"

2.0 - MAKE STRATEGIC INVESTMENTS IN EVIDENCED BASED AS WELL AS INNOVATIVE PROGRAM MODELS

RESPONSIBILITY TO ACCOMPLISH OBJECTIVE

2.1 - Prioritize the needs of the community that would warrant strategic investment

Action Steps:

1. Utilize Needs Assessment findings, ROSC survey and focus groups, as well as Town Hall meetings to gain community input **1. All used in 2019 Priority Setting Process; Online Town Halls**

2. Identify the most current evidenced based practice models to incorporate in **2. Ongoing, grants, suicide prevention** specialized projects and programs based on SAMHSA National EBP Registry

3. Assess the provider network projects and programs regarding the utilization and need for evidenced based programming **3. RFP process**

4. Determine the feasibility, cost, and sustainability plan to incorporate evidenced programming as part of a contractual requirement for ADAMHS Board

5. Create RFIs for targeted EBPs such as Integrated Dual Disorder Treatment (IDDT) for co-occurring mental illness and substance abuse, and Dialectical Behavioral Therapy (DBT) for Borderline Personality Disorder **5. RFP issued and reviewed**

- Evaluation
- Fiscal
- CEO
- Programming
- RFI Team
  Executive Team & Staff

2.2 – Develop & implement a comprehensive behavioral health prevention continuum, throughout the lifespan, to compliment the current behavioral health service system.

Action Steps:

1. Identify best-practice strategies for service inclusion to enhance current prevention programs for consideration and implementation **1. Ongoing**

2. Identify best practices in prevention services and programs to expand and enhance service delivery **2. Ongoing, review of suicide prevention programs**

3. Survey contract agencies regarding the provision of prevention services, to include but not limited to, evidenced-based and/or local curriculums to identify gaps and barriers throughout the system

4. Identify programs that promote social-emotional competencies and resilience throughout the lifespan to prevent "gate-way" and illicit drug use, suicide prevention, in addition to tolerance and stigma reduction re: mental health care/management

5. Develop strategies to educate the community regarding abstinence, gateway/ illicit drug use, and suicide prevention to address the community at large

6. Convene community meetings to identify prevention efforts, programing, and community strategies within the ADAMHS Board's purview

4. & 5. Suicide Prevention Coalition; QPR; Recovery Billboard Campaign; Opioid Task Forces; Research for Health Neighborhoods- CWRU

6. Addiction Recovery Advocacy Meetings; Priority Setting Online Town Halls & Other Meetings; Co-chair of Cuyahoga County Opioid Task Force (County HUB); DOJ Opioid Task Force; Tri-Chair of Mental Health Response Advisory Committee; Suicide Prevention Task Force

- Prevention **& Children's Staff**
- External Affairs
- Training
- ADAMHS Stakeholders

2.3 - Incentivize programs that use recovery support specialists in the provision of services

Action Steps:

1. Contracted with new & existing organizations that employee peer recovery support/specialists; Residential Peer Seal of Quality Program

1. Determine feasibility of ADAMHS Board or other governmental entities for financial incentives related to peer recovery support/specialists

2. Survey contract agencies to better understand current vacancy data and perceived value of peer recovery support specialists

3. Engage peer recovery support specialists in identifying barriers and strategies to increase employment opportunities **3. 2019 Contracts & Working with Peer Run Organizations**

4. Use Board funds for peer support for services that are not Medicaid reimbursable **4. Yes; 2019 Contracts; Ongoing**

- Planning
  CEO
  Clients Rights
  Risk Management
  Administrative Services
  Clinical/Adult Services

3.0 - CONTINUALLY ASSESS THE NEEDS AND STRENGTHEN THE CAPACITY OF THE CURRENT AND FUTURE BEHAVIORAL HEALTHCARE WORKFORCE

RESPONSIBILITY TO ACCOMPLISH OBJECTIVE

3.1 - Assist providers to strengthen their workforce and meet the challenges of the changing Behavioral Health system.

Action Steps:

1. Sponsor/ Coordinate Career Fair **1. 2017, 2018 & planning for 2019.**

2. ADAMHS Board Job Board to include Agency Positions **2. Up & running in 2017 & ongoing**

3. Increase trainings offered to provider workforce based on their need **3. Staffed Education & Training Department; Revamped Training Institute;OACBHA Trainings**

4. Work collaboratively with colleges/universities to incorporate paid internships within field placements to build specialized expertise and the workforce in both children's and adult systems

5. Encourage colleges/universities to incorporate training within their learning curriculums with regard to the behavioral health system to prepare students for behavioral redesign and inclusion

6. Lend the expertise of the Planning Division staff to assist colleges/universities in gaining a general understanding of the behavioral health system at large inclusive of Mediciad redesign for career planning

7. Establish a partnership with Ohio Mental Health & Addiciton Services to ensure the local behaviroal health system is in alignment with the state's mandate

8. Establish a partnership with Health Management Organizations (HMO's) to avoid duplication of services and realign Board resources away from such activities to fill other gaps in the community

- HR
- External Affairs
- Executive Team
- Planning
  Training Staff

4. & 5. Working with Foundations to educate/increase workforce; Participate in Tri-C Human Services Advisory Committee; supervised interns & placements from CSU; Progressive Insurance Leadership Training Project w/BVU

8. Held meetings with representatives from HMOs; Contact with representatives from HMOs; OACBHA HMOs Panel Presentations

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PERFORMANCE INDICATORS

- 25% of programs will be reviewed annually
- Increase models of MH and AOD integration in prevention and residential programs