

Project: Consolidate ODADAS and ODMH

Updated: 6/15/2012

| PROJECT PURPOSE | Status |
|--------------------------------------------------------------------------------|---------------|
| Define the issue that the project will address or remedy | DONE |
| Identify “hot spots” that illustrate the urgency to find a solution | DONE |
| Define the project purpose and scope of work | May 4 |
| Complete a preliminary workplan (using this page as a template) | Week of 6/11 |
| Submit high-value concepts to OBM for the mid-biennium review | N/A |
| PROJECT MANAGEMENT | |
| Identify the project team and augment with consultants if needed | DONE |
| Determine the project management structure, including table of organization | Week of 6/11 |
| Create a detailed project workplan | By June 30 |
| Develop a workplan budget and identify the source(s) of funding | By June 30 |
| Report project status to the Program Office and HHS Cabinet | |
| Coordinate with other project teams through the Program Office | |
| Develop a stakeholder/media/legislative outreach plan | By June 30 |
| Identify external stakeholders and create a stakeholder advisory group | By June 30 |
| Establish a process for regular stakeholder input | By June 30 |
| Host kick-off event(s) for the project team and stakeholders | June 11 |
| BUSINESS REQUIREMENTS AND SOLUTION | |
| Define business requirements | * |
| Conduct an internal scan of solutions/capabilities | * |
| Identify and report gaps in existing operations/infrastructure | * |
| Conduct an external market scan and/or request for information (RFI) | * |
| Assess the federal landscape for opportunities, including funding, and threats | * |
| Identify best practices, within the state and externally | * |
| Recommend a solution to meet business requirements | * |
| Identify key deliverables necessary to implement the solution | * |
| Conduct an impact analysis of expected benefits and costs of the solution | * |
| DELIVERABLES | |
| Develop an implementation budget and identify the source(s) of funding | June 30 |
| Draft legislative and/or administrative rule language | December 31 |
| Recommend an appropriation strategy, if needed, for mid-biennium review | N/A |
| Develop a detailed stakeholder/media/legislative strategy | June 30 |
| Recommend a procurement strategy | N/A |
| Develop a request for a proposal, if needed | N/A |
| Support the procurement process (e.g., evaluation, vendor selection) | N/A |
| Support the completion and approval of federal compliance activities | December 31 |

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PROJECT PURPOSE

Situation

Key objectives for health transformation in Ohio include: streamlining health and human services delivery systems; improving the coordination and integration of treatment services; and establishing administrative and governance structures that support improved health care performance. The consolidation of ODADAS and ODMH into a new Cabinet level agency is a structural improvement that will streamline government and better support the coordination and integration of treatment services.

Administration of behavioral health services largely is integrated at the local level in that 47 of the 53 county boards now administer both mental health and alcohol and drug addiction services. Many providers are certified for both types of services, and data from various sources indicate that a significant percentage of consumers interact with providers in both systems. As such, a state-level administrative consolidation will help to support local government partners, providers and clients who are involved in the two treatment systems. Examples of the benefits of consolidation include the following:

- Opportunities to streamline fiscal reporting and policies that will reduce burden and achieve efficiencies in local service delivery and administration;
- Opportunities to increase the effectiveness of state level administration by cross-training the workforce for greater expertise as a resource to the field; and
- Opportunities to improve service coordination and integration at the local level through integrated program policy development.

High-Value Targets

- Improve access to more timely, effective services
- Support better client outcomes
- Reduce unnecessary regulatory burden on behavioral health providers and local administration, while improving overall accountability.
- Implement a combined agency culture that includes the following principles:
 - Transparency
 - Communication
 - Inclusion
 - Employee buy-in

Scope of Work

The scope of work breaks down into the three phases set out in the table below.

| Phase 1: Consolidate Back Office Areas | Phase 2: Plan Comprehensive Consolidation | Phase 3: Fully Implement Consolidation Plan |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| May 3, 2012-June 30, 2012 | July 1, 2012-June 30, 2013 | July 1, 2013-June 30, 2015 |
| <ul style="list-style-type: none"> • Communicate decision to consolidate to employees and external stakeholders. • Achieve consolidation of Fiscal, Legislation and Communications, Information Technology, Medicaid, and Legal. • Co-locate as many of these functions as possible through a concentrated effort with the Department of Administrative Services. | <ul style="list-style-type: none"> • Establish single stream business processes for the functions consolidated in FY 12. • Develop and implement a detailed work plan to prepare for statutory consolidation beginning July 1, 2013. • Develop legislation to implement statutory consolidation beginning July 1, 2013. • Develop operating budget proposal for FYs 14/15 that is reflective of a single entity. | <ul style="list-style-type: none"> • Begin operations as a consolidated agency. • Finalize the integration of any outstanding administrative and policy functions for any areas by June 30, 2014. (Note: the vast majority of integration should occur by July 1, 2013) |

PROJECT MANAGEMENT

Project Team

For the Phase 1 deliverables, Tracy & Orman will work with affected office managers to ensure successful back office consolidation of the following areas: legal, communications, legislation, Medicaid, information technology and fiscal. Other internal areas, such as human resources, will be involved in phase one to help facilitate the consolidation of the back office areas listed above.

For the Phase 2 deliverables, the **general project lead** will be Rick Tully from the Governor's Office of Health Transformation. He will work as a member of the **core project team**, which will facilitate central coordination and act in an advisory capacity regarding project organization, progress and review of draft recommendations submitted by various work teams. The attached roster contains a list of core project team members; however, note that others will be included on a topic-specific basis as appropriate. The kick-off meeting for this team was June 11, 2012.

For the Phase 3 deliverables, the general lead will be Tracy Plouck. The deliverables will be outlined as a part of this process and will be executed by the new, consolidated agency after it is established in July 2013.

Workplan

The detailed workplan will be developed at a later time.

Project Resources

The project resources will be developed at a later time.

Stakeholder Input

Stakeholder input will be sought from consumers, family members, boards, and providers. Examples of outreach activity include: On a quarterly basis, we will provide updates to interested parties at the Behavioral Health Leadership Group. We have established an email address for both internal and external individuals to pose questions, and that is being monitored on a daily basis. Once work begins, we will establish a web page link on each departments' site that will contain relevant information related to project status. All of these opportunities will be advertised as opportunities by which stakeholders can become involved in specific issues related to consolidation as they are being addressed.

We will have occasional legislative updates and updates targeted to other groups as needed.

Develop a stakeholder/media/legislative outreach plan with Eric Poklar and Monica Juenger
Identify external stakeholders
Include consumers, providers, vendors, other units of government, legislators, and/or others
Create a stakeholder advisory group, or rely on an existing entity for stakeholder input
Describe the process that will be used to receive stakeholder input
Create a project kick-off event for the stakeholder advisory group

BUSINESS REQUIREMENTS AND SOLUTION

Department Functions

Because the departments currently have areas of both alignment and non-alignment across a vast array of policy and operational topics, an organized approach to department function development is critical.

Using the core philosophies/high value targets as governing principles, the team will engage subject-specific teams to discuss opportunities to align – to the extent appropriate - various areas of policy and operations. Examples of these **subject-specific teams** include:

1. Prevention – general policy approach; external partnerships and technical assistance/sharing of best practices; opportunities for improvement; child/youth specific approach
2. Treatment and Community Supports – policy objectives; opportunities to augment our support of integrated dual diagnosis services; external partnerships and technical assistance/sharing of best practices, including separate models and those for dual diagnosis; criminal justice re-entry & diversion; child/youth specific approach; peer/recovery support services; housing; employment; use of technology in service delivery; emergency preparedness, Medication Assisted Treatment
3. Regulation – licensure and certification; standards; monitoring tools (IT, communication mechanisms with providers, etc.); opportunities for improvement; provider support; confidentiality; documentation requirements; service definitions for behavioral health; policy interface with Medicaid
4. State-Local Board Relationships - statutory reform and requirements; board appointments; AOD standing committees; block grant assurances; contracts; community plan
5. Fiscal – funding; allocations; payment methods; grants management; incentivizing performance
6. External relations/client involvement – advocacy; how we support and engage; opportunities for improvement; consumer issues/stigma; communicating with the field; change management
7. Evaluation – information agencies must collect, E.g., outcomes and common data sets; federal NOMs; federal relationship; relating information back to the field
8. Workforce Development

Gap Analysis

Input on what could be working better is needed, and to obtain that input, an environment must be created where all stakeholders (internal & external) are aware of our interest in their ideas and comfortable/easy to share their ideas. Specific gap analysis activities should include:

- Conduct targeted surveys of providers, advocates, boards, etc. via survey monkey to determine current gaps from external perspectives, and any constructive suggestions related to those gaps
- Conduct similar, separate surveys of internal staff and state partners

Additionally, a comprehensive fiscal analysis is needed to understand short- and long-term risks and also technical items that must be addressed. We need to be clear about where points of concern exist so that those can be addressed timely and objectively. A team should be established on this specifically, with involvement from fiscal, OHT, OBM, boards and providers.

Gap analysis will also include a comprehensive legal analysis, including areas of current alignment & current inconsistencies in ORC, OAC; recommendations for strategy.

Schedule for the Work of the Project Teams

A project team will be established for each of the business requirement clusters identified above. The work of those project teams will be handed off to operational teams to establish the infrastructure necessary to implement the new business requirements. The schedule for this work is set out below.

June 1, 2012 – June 30, 2012: Identify subject areas that will need to be evaluated and develop specific, time-limited teams to participate in that evaluation process.

July 1, 2012 – September 30, 2012: Teams will convene, review existing policies, procedures, etc. in place within the existing departments and identify areas of alignment, lack of alignment, and opportunities for improvement. Each team will provide recommendations back to the core team. These teams will consist of both state and non-state staff.

August 1, 2012 – October 31, 2012: Operational teams will convene to determine logistics related to the recommendations that are approved by the core team. Examples include but are not limited to: development of a new table of organization; space planning; IT framework changes to accommodate the effective flow of any process change for items such as grants management, regulatory monitoring, etc.

August 1, 2012 – December 31, 2012: Draft ORC and OAC changes, develop operating budget request, including new chart of accounts, appropriations, etc.

Best Practices

- Examine successful approaches in other states
- Ask internal & external stakeholders to provide suggestions based on their experiences
- Engage the two departments' respective national associations and SAMHSA as resources
- SAMI CCOE as a specific resource

Solution

Key deliverables include:

July 1, 2012 – September 30, 2012

- Detailed project work plan
- Reports on recommendations of subject specific teams to the core team for business process improvements

August 1, 2012 – October 31, 2012:

- New table of organization
- Detailed space plan authorized by DAS
- IT framework changes to accommodate the effective flow of any process changes
- Amended work plan to support business process improvements

August 1, 2012 – December 31, 2012:

- Draft ORC and OAC changes
- Draft operating budget
- New chart of accounts

Benefits

This project will make it easier for people to access services, support better client outcomes, and reduce regulatory burden on Ohio businesses. The project is consistent with the Common Sense Initiative, and the IT implementation will occur within the context of DAS IT Consolidation opportunities.

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DELIVERABLES

Implementation Budget – Logistical Consolidation

Random Notes:

- Estimate one-time costs. Examples:
 - Once a floor plan is envisioned (after table of organization is developed) estimate expenses related to office space renovation (if needed), physical relocation of staff
 - New agency-wide cards, signage at hospitals, etc.
- Identify FY 13 sources to manage one-time costs
- Cost/savings related to ongoing costs: rent and parking passes, store all Central Office fleet at TVBH, etc.
- Identify and budget for consultant resources to assist in the development of single stream business processes

Implementation Budget – A New Department in FY 14

Random Notes:

- Identify areas of weakness in current departments' fiscal structures and develop a plan to address those over a period of time. (Examples available upon request.) Discuss this with OBM this summer, and implement any initial steps in FY 13 as appropriate.
- Need a new agency chart of accounts, and all the other OBM materials.
- Develop attrition assumptions for FYs 14/15 (no layoffs); create work force plan with ideal staffing target and budget payroll to reflect this plan.
- Establish internal fiscal accountability procedures and communicate those to all staff.
- Establish process for joint operating budget planning for FYs 14/15.

Legislation

Legislation will need to identify all statutory changes needed to authorize a consolidated statutory entity, including provisions which support revised business processes wherever possible.

Procurement

Consultant resources needed to develop single stream business process will need to be procured.

Federal Funding and Compliance

Random Notes:

- Communicate this initiative to SAMHSA (has already been shared informally)
- Need to re-work the Medicaid state plan references for this initiative (and elevation?)
- Reconfigure funds and ALIs as appropriate to reflect central repository for time-limited federal grants, etc.
- Consolidation of our federal block grant reporting & administration?

- Strengthen administration/monitoring of various grants received by the departments and/or awarded to the field
- Create technical assistance capacity to assist our system with grant writing & administration
- Need to clarify state agency ownership of various CFDA numbers, etc.

Assess the federal landscape for opportunities and threats

Recommend how to maximize federal funding support for the project

Identify and support the completion and approval of required federal compliance activities

Include links to federal websites or reports that are related to the project

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PROJECT TEAM

| Name | Department | Phone | Email |
|------------------------------|---------------------------------------------------------|-------|-------|
| Tracy Plouck | DMH | | |
| Orman Hall | ADA | | |
| RosalandGatewoodTye | ADA | | |
| DalonMyricks | DMH | | |
| JP McInnes | DMH | | |
| Matt Popovich | ADA | | |
| Vince Conner | DMH | | |
| Mary Miller | ADA | | |
| Jim Lapczynski | ADA | | |
| Michaela Peterson | DMH | | |
| Missy Craddock | ADA/DMH | | |
| Sandy Starr | ADA | | |
| Don Anderson | DMH | | |
| Debbie Nixon Hughes | DMH | | |
| | | | |
| Mike Senchak | Mahoning ADAS | | |
| Mike Jenks | Medina | | |
| Mike Schoenhofer | Allen, Auglaize & Hardin | | |
| Rod Hollingsworth | Six County | | |
| | | | |
| Esther Pla | Connections | | |
| Pam McClain | Talbert House | | |
| Tom Stuber | Lorain County Alcohol/Drug Abuse Services | | |
| Sue Fralick | Mental Health Services for Clark & Madison County, Inc. | | |
| | | | |
| Rick Tully | OHT | | |
| Lynne Lyon/Mary Haller | JFS | | |
| Dan Schrieber/Deanna Kimball | OBM | | |
| Marcy Early | DAS | | |
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| | | | |
| | | | |

Updated 6/8/12

STAKEHOLDER ADVISORY GROUP

| Name | Organization | Phone | Email |
|------------------------------------------------|---------------------------------------------------------------------|-------|-------|
| Hugh Wirtz | The Ohio Council of Behavioral Health and Family Services Providers | | |
| Cheri Walter | Ohio Association of County Behavioral Health Authorities | | |
| Donna Connelly | Ohio Citizen Advocates | | |
| Terry Russell | NAMI Ohio | | |
| Jack Cameron | Ohio Empowerment Coalition | | |
| Mark Mecum | Ohio Association of Child Caring Agencies | | |
| Gayle Channing Tenenbaum/Crystal Ward Allen | Public Childrens Services Association of Ohio | | |
| Terre Garner | Ohio Federation for Children's Mental Health | | |
| Charleta Tavares | Multi-Ethnic Advocates for Cultural Competence | | |
| Laura Moskow Sigal | Mental Health America of Franklin County | | |
| Miranda Motter | Ohio Association of Health Plans | | |
| Berna Bell | Ohio Hospital Association | | |
| Janet Shaw | Ohio Psychiatric Physicians Association | | |
| Ed Hughes | Ohio Alliance of Recovery Providers | | |
| Bobbie Celeste | Ohio Psychological Association | | |
| Joan Englund | Mental Health Advocacy Coalition | | |
| Marcie Seidel | Drug Free Action Alliance | | |
| | Alcohol and Drug Abuse Prevention Association of Ohio | | |
| Carolyn Givens | Ohio Suicide Prevention Association | | |
| John Lisy | Ohio Association of Alcohol and Drug Abuse Counselors | | |

Updated 6/13/12

May 3, 2012-June 30, 2012 (PHASE ONE – IDENTIFIED BACK OFFICE AREAS)

- Communicate decision to consolidate to employees and external stakeholders.
- Achieve consolidation of Fiscal, Legislation and Communications, Information Technology, Medicaid, and Legal.
- Co-locate as many of these functions as possible through a concentrated effort with the Department of Administrative Services.

July 1, 2012-June 30, 2013 (PHASE TWO – COMPREHENSIVE CONSOLIDATION)

- Establish single stream business processes for the functions consolidated in FY 12.
- Develop and implement a detailed work plan to prepare for statutory consolidation beginning July 1, 2013.
- Develop legislation to implement statutory consolidation beginning July 1, 2013.
- Develop operating budget proposal for FYs 14/15 that is reflective of a single entity.

July 1, 2013-June 30, 2015 (PHASE THREE – IMPLEMENTATION)

- Begin operations as a consolidated agency.
- Finalize the integration of any outstanding administrative and policy functions for any areas by June 30, 2014. (Note: these items should be the exception rather than the rule; the vast majority of integration should occur by July 1, 2013. With that said, one example of a function that will occur during this phase is the promulgation of Ohio Administrative Code that reflects statutory legislative changes effective July 1, 2013.)

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