

HAMILTON COUNTY
ALCOHOL AND DRUG ADDICTIONS SERVICES BOARD



STRATEGIC PLAN
2006 – 2007

Prepared by:

HAMILTON COUNTY
ALCOHOL AND DRUG ADDICTION SERVICES BOARD
PLANNING COMMITTEE

Committee Approval Date:	January 4, 2006
Board Review Date:	January 26, 2006
Board Approval Date:	January 26, 2006

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EXECUTIVE SUMMARY

The mission of the Hamilton County Alcohol and Drug Addiction Services Board is to plan, fund, and monitor the public alcohol, other drug, and gambling treatment, prevention and education services for the citizens of Hamilton County. The Board maintains contractual relationships with licensed, certified provider organizations to deliver a comprehensive array of prevention models and abstinence-based treatment strategies that are sensitive to cultural, gender, age, and socioeconomic differences within the community.

The *CY 2006-2007 Strategic Plan* serves as a two-year guide for envisioning the system of alcohol, other drug, and gambling prevention and treatment services. The document identifies short and long term goals for achieving the vision, mission, and principles of the Board. The goals were developed from a qualitative and quantitative review of the current environment including service priorities and gaps in the continuum of services. Primary information was collected using needs assessment results, surveys, focus groups, and interviews with key stakeholders including treatment and prevention providers. Information used to develop the plan includes:

Goals

The *CY 2004-2005 Strategic Plan* supports the county alcohol, other drug, and gambling prevention and treatment system in achieving a proactive, strategic position within a dynamic and challenging behavioral healthcare delivery environment. The goals for 2006-2007 include:

1. Improve system quality and efficiency
2. Identify alcohol, other drug, and gambling service needs among Hamilton County residents
3. Increase service capacity and access
4. Increase awareness regarding the benefits of HCADAS-funded services.

Key Challenges

Immediate challenges evolve around the system's need for:

- enhanced capability for services for individuals within special populations including, but not limited to, individuals with Limited English Proficiency, hearing and sight impairments,
- The continuation of formal, local agreements and pooled funding mechanisms will serve as the major underpinning to the adequate provision of services in the local community,
- Researching the impact of gaming addiction on the community, and
- Demonstrating the beneficial impact of prevention and treatment services and reducing the stigma associated with those services.

Commitment

Through a continuous strategic planning and quality improvement process, the Board maintains a commitment to ensure a coordinated system of quality alcohol, other drug, and gambling addiction service delivery.

Guiding Principles

This plan is supported by the following principles:

The *CY 2006-2007 Strategic Plan* incorporates planning elements defined in the Community Plan Guidelines issued by the Ohio Department of Alcohol and Drug Addiction Services. These elements include a review of the following areas.

1. The existing service continuum;
2. Legislative and environmental considerations that affect service delivery;
3. System capacity to meet client needs and community expectations;
4. Infrastructure needs;
5. Service priorities;
6. Results of collaborative efforts.

Community Partnership

The strategic planning framework encourages the involvement of diverse segments of the community, including consumers and family members in defining needed services.

Continuum of Care Focusing on the Client

The education, prevention, supportive services, and treatment modalities must be integrated within a continuum of care that focuses on the client's needs and provides clients with the opportunity to make informed choices among an array of services. The use of performance measures within the context of a continuous quality management process provides accountability for client outcomes.

Intersystem Coordination and Planning

It is important to maintain involvement with providers, consumers, and community leadership throughout all planning phases. The planning process builds on key participation from consumers and representatives of the alcohol, other drug, and gambling addiction system, social service, education, mental health, local government, judicial, and community faith-based organizations.

Major Study Questions

The planning framework targeted the following major questions:

- Is there an acceptable baseline of services?
- Are the priorities still valid?
- What are the unmet service needs in the Board's catchment area?
- Have any needs emerged since the previous review?
- What outcomes and benefits will determine the success of the Board's strategic plan over the next five years?

The prevention and treatment priorities as documented in the *2006-2007 Community Plan* are as follows:

- Adolescents
- Young children ages eight through eleven years of age
- Females, age twelve through seventeen years of age
- Disabled persons
- Gay Men and Lesbian Women
- Homeless persons
- Juvenile Offenders
- Offenders
- Older Adults
- Limited English Proficient
- Persons with Co-occurring Substance Abuse and Mental Health Disorders
- Racial, Ethnic and Cultural Groups
- Veterans
- Women, Pregnant Women and Women of Childbearing age
- Programming for Special Populations at-risk for HIV/AIDS
- Parents

OVERVIEW OF PLANNING PROCESS

Broad community participation about the Board's future direction was solicited and incorporated into the goals of the plan.

The planning process consisted of:

- 1. Conducting a provider satisfaction survey.**
- 2. Soliciting consumers, representatives of the alcohol and drug addiction system, social service, education, mental health, local government, criminal justice, and community faith-based organizations to join in planning special projects while receiving their input on ADAS-funded services.**
- 3. Interviews with Key Informants**
- 4. Collaborating with the Ohio Department of Alcohol and Drug Addiction Services.**

A. Survey

During the summer of 2005, the Board conducted a provider satisfaction survey. A total of sixteen (16) ADAS-funded providers were mailed a copy of the survey. The Board received six (40%) completed surveys. Respondents were asked to provide information and opinions in the following areas:

1. Rate how well the Board met needs of providers
2. Rate satisfaction with Board services
3. Provide suggestions for improving Board services
4. Give any special recognition for Board staff or trustees

B. Special Project Collaboration

During the calendar year 2005, Board staff conducted a series of special projects that included consumers of treatment and prevention services from funded provider organizations, professionals of stakeholder organizations, representatives of funded agencies and others. Direct and indirect qualitative feedback was received based on various points of discussion including:

- General feedback, likes and dislikes of the services received,
- Identification of unmet needs, segments of the population not being served or under-served, and new programs needed,
- Opinion on determination of priorities, and
- Opinions on the values and ultimate benefits to the community that should guide the Board's planning process

Other participants in the planning groups were clients at a treatment center for women and a treatment group for males, non ADAS-funded community providers, and local hospital systems personnel. An integrated dual-diagnosis treatment conference and a recovery night celebration at a Cincinnati Reds baseball game resulted from these collaborative special project planning efforts in addition to the qualitative information shared regarding ADAS services within the community.

C. Interviews with Key Informants

The Board staff conducted interviews with the Executive Directors and key staff of funded service providers. These sessions were held during the period July through August 2004. Participants in these interviews were asked to comment on the Board's vision statement and existing strategic plan goals.

Findings obtained from these sources have assisted the local ADAS system in clarifying key priorities and assessing on-going collaboration issues.

D. Collaboration with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), Division of Community Planning

The new *CY Strategic Plan* incorporates elements defined in the *Community Plan Guidelines*, which are issued and monitored by ODADAS.

Our Vision

No individual should suffer from the impact of substance abuse and addiction.

Our Mission

The Hamilton County Alcohol and Drug Addiction Services Board plans, funds and monitors public alcohol and drug treatment, prevention and education services for the citizens of Hamilton County.

Principles

- The Board is an advocate for education, prevention, intervention services and treatment addressing substance abuse and addiction in our community
- The Board garners and sustains strong community and stakeholder support through the delivery of innovative service and quality outcomes.
- Adequate funding, fiscal integrity and stability represent an ongoing responsibility.
- A well-defined system is necessary to assess, improve and facilitate the quality of organization performance and to meet standards for quality outcomes.
- Cooperation and collaboration across the provider network is critical to meeting the needs of the individuals in our community.
- An engaged, energetic and proactive governing Board is a critical component of an effective system of care.
- There is a clear distinction between the governance role of the Board and the management responsibilities of the Chief Executive Officer.
- Services evolve from an ongoing assessment and evaluation of community needs.
- Everyone in the Hamilton County ADAS Board system is treated with consideration and respect for personal dignity, autonomy and privacy.

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Performance Goals and Objectives

GOAL I: Identify Alcohol, Other Drug and Gambling Service Needs Among Hamilton County Residents

Objective 1.1

Use a variety of quantitative data sets and methods to produce both descriptive and inference statistics about alcohol, other drugs and problem gambling needs and service utilization in the county.

Action 1.1.1

By March 31, 2006, complete analysis of in-house prevention and treatment data for SFY 2004- 2005.

Action 1.1.2

By June 30, 2006, complete research on available data of problem gambling including local, regional and national data sources. Become familiar with research literature on epidemiology of problem gambling.

Objective 1.2

Use qualitative methods (interviews, focus groups) to corroborate and extend findings from Objective 1.1.

Action 1.2.1

Collect qualitative data on the needs of underserved populations (e.g. limited English proficient residents/immigrants in the county).

Action 1.2.2

Collect qualitative data on emerging trends (e.g. growth in methamphetamine and/or prescription drug abuse).

Action 1.2.3

Collect qualitative data on problem gambling through interviews and focus groups of local experts and clients enrolled for treatment for AOD and gambling problems.

Action 1.2.4

Generate recommendations for the ADAS System Continuous Quality Improvement Committees for planning in response to needs assessment results.

GOAL II: Enhance System Quality

Objective 2.1

Monitor and evaluate quality of services on a quarterly basis.

Action 2.1.1

Use outcome measurement to continuously evaluate and enhance services

Action 2.1.2

Facilitate continuous quality improvement activities with providers.

Action 2.1.3

Use utilization review and utilization management to evaluate clinical services and system-wide trends.

Objective 2.2

Enhance program quality through the implementation of evidence-based best practice concepts and models.

Action 2.2.1

By December 31, 2006, select one evidence-based model to pilot and identify pilot agencies.

Action 2.2.2

By June 30, 2007, implement training curriculum for evidence-based model.

Action 2.2.3

By September 30, 2007, complete staff training on evidence-based model.

Action 2.2.4

By December 31, 2007, evaluate effectiveness of the selection process, implementation of training and competency of staff trained on the evidence-based model

Action 2.2.5

By June 30, 2008, evaluate effectiveness of evidence-based model through CQI process.

Objective 2.3

Collaborate with other services systems, and other funding sources to enhance quality and efficiencies of alcohol and other drug services.

Action 2.3.1

Participate on local, state, and federal committees to support quality and effectiveness of AOD services.

Action 2.3.2

Collaborate on multi-system initiatives that include such partners as DJFS, Mental Health, Criminal Justice, Schools, United Way, The Health Foundation of Greater Cincinnati, the Cincinnati Homeless Continuum of Care and Data Management/Outcomes Teams.

Objective 2.4

Improve efficiency of services.

Action 2.4.1

Continuously review and assess information sharing processes within the provider network and between the Board and providers.

Action 2.4.2

Regularly review and update customer assessment protocols.

Action 2.4.3

Eliminate duplication of services where feasible.

GOAL III: Increase Service Capacity and Access

Objective 3.1

Improve access to treatment services.

Action 3.1.1

Examine opportunities for expanding service delivery to locations in non-metropolitan outlying areas of the county.

Action 3.1.2

Report findings of Action 3.1.1 to CQI committee for review and recommendations to CEO and Board of Trustees.

Objective 3.2

Increase system capacity through the development of culturally and linguistically appropriate services within the system.

Action 3.2.1

Monitor the limited English proficient Hispanic initiative for cost-effectiveness and efficiency.

Action 3.2.2

Convene the Special Populations Task Force to address special capacity issues as needed (e.g. customers with disabilities, limited English proficient, etc.).

Objective 3.3

Coordinate ongoing fund development activities necessary for capacity expansion

Action 3.3.1

Collaborate with funded providers and faith-based organizations working together to seek and prepare proposals for grants.

Action 3.3.2

By December 31, 2007, submit no less than 10 proposals for grants to fund Board sponsored projects and/or funded programs designed to add capacity and/or meet service needs.

GOAL IV: Increase Public Awareness on the Benefits of ADAS-Funded Services

Objective 4.1

Using qualitative surveys providing customer, provider and stakeholder feedback, define the community perception of the Board.

Action 4.1.1

By December 31, 2006, using customer satisfaction surveys disaggregate comments regarding customer perception of the Board role, commitment and effectiveness in the community.

Action 4.1.2

Continue using annual provider satisfaction survey to determine provider perception of the Board's role, commitment, and effectiveness in the community.

Action 4.1.3

By December 31, 2006, using a community stakeholder satisfaction survey, define stakeholder perception of the Board's role, commitment and effectiveness in the community.

Action 4.1.4

By March 31, 2007, using the results of qualitative surveys, develop a short-term and long-term public relations campaign to increase public awareness of the benefits of Board funded services in the community.

CY 2006-2007 STRATEGIC PLANNING SCHEDULE

DATE	GOAL/ACTION STEP
Jan-05	Continue planning process for IDDT conference if funded
Jan-05	Co-facilitate consumer and multi-agency conference planning group
Mar-05	Receive and review provider plans including outcomes management submitted with budgets. Review reported core clinical outcomes.
April-05	Facilitate special projects planning group for recovery month event Host collaboration meetings with other funders of public services
June-05	Review and/or revise provider satisfaction survey Program staff reviews current strategic plan.
July-05	Program staff begins work on new strategic plan.
Aug-05	Secure feedback from ADAS Board staff on current strategic plan Evaluate utilization and discharge data Release provider satisfaction survey
Sep-05	Present Board Planning Committee with update of current strategic plan Meet with ADAS Board Staff to review strategic planning process Deadline for receipt of provider satisfaction survey

Oct-05 Present Board Ad-Hoc Planning Committee with feedback on the current Strategic Plan

Present Board Ad-Hoc Planning Committee with information on the current Community Plan

Combine feedback and on-going planning objectives into new calendar year strategic plan draft

Nov-05 Present Board Ad-Hoc Planning Committee with recommended performance objectives for new strategic plan

Dec-05 Present revised performance objectives to Board Ad-Hoc Planning Committee (Cancelled)

Jan-05 Present revised performance objectives for Board Ad-Hoc Planning Committee ratification

Board adopts *CY 2006-2007 Strategic Plan*