Ohio | Department of Alcohol & Drug Addiction Services
Department of Mental Health

ODADAS/ODMH Consolidation Project Plan

July 2012

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Establishing a New Cabinet-Level Agency for Behavioral Health

Why establish a new Cabinet-level agency for behavioral health?

The consolidation of the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and the Ohio Department of Mental Health (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.

What are the overarching objectives and high-value targets for the establishment of a new cabinet level agency?

- 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

What is the scope of work for establishing the new agency?

Phase 1: Consolidate back-office areas (May 3-June 30, 2012)

- 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 Ohio Department of Administrative Services.

Phase 2: Plan comprehensive consolidation (July 1, 2012-June 30, 2013)

- 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, 2012.
- Develop operating budget proposal for FYs 14/15 that is reflective of a single entity.

Phase 3: Fully implement consolidation plan (July 1, 2013-June 30, 2015)

- Begin operations as a consolidated agency.
- Finalize the integration of any outstanding administrative and policy functions for any areas by June 30, 2015. (Note: the vast majority of integration should occur by July 1, 2013)

What opportunities exist to improve functions of the new consolidated agency?

Work teams will be established to develop enhanced department functions that will be implemented in the new agency. These functions include those set out below.

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 and 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**

How will stakeholders participate in the implementation process?

Stakeholder input will be sought from consumers, family members, boards and providers. Department, Provider and Board staff will participate in the teams developing the enhanced business requirements for the new agency. In addition, there will be a stakeholder advisory group made up of representatives from all behavioral health stakeholder organizations.