



Strategic Plan: Fall 2008

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BACKGROUND AND RATIONALE: WHY A STRATEGIC PLAN?

With the shifts in the economy and new leadership at the New York State Office of Mental Health, Office of Alcoholism and Substance Abuse Services, and Office of Mental Retardation and Developmental Disabilities, change is occurring at a rapid pace. Already this year, two budget cuts have occurred and a third one is anticipated. In addition, New York State regulations, Medicaid requirements and managed care initiatives are rapidly changing the landscape for local governmental units (LGUs).

It is in this context that the Conference of Local Mental Hygiene Directors (the Conference) chose to embark on a strategic planning initiative, the goals of which are to:

- Develop a clear vision regarding where the organization needs to focus its efforts over the next several years to ensure sustainability;
- Reinvigorate the membership; and
- Reinforce the role of the LGU in this time of major change.

It is clearly the time for the Conference to engage in a strategic planning process that will clarify the organization's mission, priorities and opportunities for the next two to three years. This strategic plan will serve as the operational blueprint, guiding the decisions of Conference leadership as they navigate the inevitable contextual changes in public mental health in the next several years. As such, the plan needs to include demonstrable measures of progress toward identified objectives. It is intended to be a "living document," actively used to evaluate opportunities and inform decision-making.

In addition, the Conference will establish clear processes to revisit the plan periodically with the full membership to assess progress and refine as needed in light of evolving external and internal factors. In short, the plan will guide the focus at all levels of the organization—including work of Conference leadership, established committees, and the day-to-day activities of Conference staff.

THE PLANNING PROCESS: AN OVERVIEW

The planning process began with a two-day session, held in Albany at the end of July. This initial session was extremely well attended, signifying a strong commitment to the initiative on the part of Conference members. Participants included the Conference officers, Regional Representatives, Committee Chairs, and staff (*see Appendix A for a complete listing of participants*). As such, the group was appropriately representative of the full membership. The session was facilitated by consultants Ann Boughtin and Anne Wilder (*see Appendix B for additional background about the facilitators*).

It is worth noting that when the Conference Chair approached the commissioners at the three State mental hygiene agencies to ask for their input in advance of the planning retreat, all three expressed a strong interest in participating in the retreat to share information regarding their priority issues directly with the group. As such, the two-day session was attended by Michael Hogan (Commissioner, NYS OMH), Karen Carpenter-Palumbo (Commissioner, NYS OASAS), and Max Chmura (Deputy Commissioner, NYS OMRDD).

The initial two-day retreat was followed by a one-day action planning session that included the Conference chair, two officers, and Conference staff. The focus of this session was to delineate the specific steps the Conference would need to take to advance the recommendations that were developed in the initial session. The sections that follow summarize the key themes emerging from the two-day retreat, describe the recommendations arising from that process regarding key areas of focus for the Conference over the next two to three years, along with an organizing framework, and outline—at a high level—the steps the Conference will take to achieve established goals.

ENVIRONMENTAL SCAN

As noted above, to be effective, strategic plan development efforts must be informed by a solid understanding of the environment in which the Conference operates—taking into consideration both the current climate and anticipated changes. Accordingly, information was gathered in a number of ways:

- One-on-one interviews with selected individuals in advance of the two-day session¹;
- A survey of member priorities, also gathered in advance of the session; and
- Direct feedback from State agency leaders shared as part of the session.

The sections that follow summarize, at a high level, key findings from this process as they were used to shape the overall framework for the strategic plan.

One-on-One Key Informant Interviews

Prevailing themes from the interviews included:

- The State budget will be a driving force in NYS for the next couple of years. As such, attention will need to focus on determining how to rationalize care without rationing care and operate as effectively as possible within a constrained budget.
- Strategies are needed to address the issues in the changing landscape. Efforts must focus on partnering more effectively across systems to meet client needs—including health, criminal justice, and Veterans Affairs.
- Leadership at the State agencies is interested in working with the Conference and is asking the organization to clarify and strengthen participation as an organization—and as individual LGUs.

Representatives at the planning session reinforced these themes, and offered the following additional observations:

- The challenges associated with the current climate create a clear opportunity to reinvigorate the membership.
- State agencies are asking for input, and it is crucial that the Conference is able to bring the perspectives and needs of the membership into these discussions to help shape critical decisions and inform local implementation.
- The Conference needs to create a unified voice whenever possible, describing consensus at the strategic level, but also recognizing how local differences will impact the implementation of system changes.
- The rural/urban diversity of the Conference members gives the organization its strength.

Input from State Agency Leaders

Key themes from the sessions with State agency leaders included:

¹ One-on-one interviews were conducted with James L. Stone MSW, LCSW (former Commissioner for the NYS OMH and Acting Director, Division of Behavioral Health, Indian Health Service, U.S. Dept. of Health and Human Services); Deborah Bachrach, JD (Medicaid Director of the State of New York and Deputy Commissioner of Health Office of Health Insurance Programs); Linda Rosenberg (Executive Director – National Council on Community Behavioral Health), Michael Hogan, PhD (Commissioner, NYS OMH), Karen Carpenter-Palumbo (Commissioner, NYS OASAS), and Diana Jones-Ritter (Commissioner, NYS OMRDD)

NYS OMH – Michael Hogan, Commissioner: Dr. Hogan offered his perspective under a framework of “Four Pillars,” which included:

1. Confirm, Respect and Build on the Statutory Role of the LGU: In this regard, Dr. Hogan reinforced the expectation of and need for effective local planning and management.
2. Remarkable Diversity among Counties: Given the significant diversity among counties, Dr. Hogan shared that there is no uniform framework within which to fit a strategic plan at the State level. As such, there is a significant role for the Conference to play in defining and describing commonality where it exists and supporting local implementation in the context of the unique attributes of the local environment.
3. Need for Rationalizing and Re-engineering the System: Dr. Hogan recapped changes underway related to mental health clinic restructuring, as well as future changes including substance abuse clinic services, how State inpatient psychiatric services fit within the continuum, and the importance of local input into these conversations. He noted that the focus for the future will be on the re-engineering of existing services to respond to those in need in a constrained fiscal environment.
4. Shared Leadership: Dr. Hogan called out the opportunity for shared leadership and state/local collaboration, like the Mental Hygiene Planning Committee facilitated by the Conference. He also encouraged the Conference to continue to think about collaboration more broadly—particularly in the context of identifying opportunities to harness other sources of funding aimed at the population served by mental health (e.g., collaboration with departments of human services, as well as the criminal justice and education systems).

NYS OMRDD – Max Chmura, Deputy Commissioner: Mr. Chmura provided input to the Conference’s strategic planning process within the context of his organization’s strategic areas of focus, highlighting the need to work collaboratively with the Conference to help inform OMRDD’s work in these areas, which include:

1. Putting People First: Mr. Chmura explained that this concept applies to the individuals served by OMRDD and their families — as well as to OMRDD staff.
2. “Re-balancing” Supports and Services: Moving to a demand-driven continuum of individualized community based services and supports, with an additional focus on housing and employment opportunities.
3. Downsizing and Redefining Institutional Care: The agency aims to close down most of the 1600 institutional beds within the next 8 to 9 years; thus, the landscape will change dramatically.
4. Cultivating a Learning Organization: Efforts in this area will focus specifically on supporting the state workforce and elevating performance.
5. Building on Successes: The focus is on high-performing organizations, especially providers that are having success across systems.

Mr. Chmura talked about the importance of working to discover and build on solutions together. He also noted that the agency was taking care to prioritize their efforts—focusing on their “Extreme Makeover” items (one of which is a reexamination of the eligibility criteria).

NYS OASAS – Karen Carpenter-Palumbo, Commissioner: Commissioner Carpenter-Palumbo’s comments echoed some of the themes articulated by the other agency leaders:

1. Re-craft and Retrench: The Commissioner characterized the fiscal climate now and in the near future as one that requires the agency to focus resources in the most critical areas. OASAS is looking at outcomes associated with initiatives like MATS (case management for those highest-cost CD service recipients) and seeking input as to how to operate these types of programs most effectively. The research indicates that there are cheaper and more effective ways to treat people in the community, and that there is enough money in the system now to do this well.

2. Prioritize: Commissioner Carpenter-Palumbo shared that while the agency had many priorities, efforts going forward will be on defining the “Top 5” most critical and focusing on these areas.
3. Organizational Development: The agency is placing an increased emphasis on staff development—with a specific focus on talent management and succession planning, as these elements are critical to making and sustaining progress in priority areas.
4. Partnerships: The Commissioner characterized the counties as “direct partners in the field,” and called for a focus on “communities of solution.” That is, with the counties’ understanding of local needs and resources, coupled with their ability to think creatively about how best to meet the needs of individuals, innovation is happening.

While there were some differences in the terminology used, and specific areas of emphasis, there was a tremendous degree of consistency and commonality in the major themes that emerged from this environmental scan.

Policy and Regulatory Changes and National Trends

The information obtained through key informant interviews, sessions with state agency leadership, and the survey of the Conference membership all helped to describe the environment within which the Conference and its membership is and will be operating. In this context, however, it also is important to acknowledge a number of regulatory and policy changes already underway or anticipated within the relative near term as these also will shape the Conference’s areas of focus in the coming years. Key issues along these lines include:

- Proposed federal changes to targeted case management services and the associated impact the ability to deliver services to those most in need.
- The impact of the Centers for Medicare and Medicaid Services’ Proposed Rule regarding Clarification of Outpatient Clinic and Hospital Facility Services definition and Upper Payment Limit, which if implemented, would change the upper payment limit (UPL) for freestanding health clinics to align with Medicare payments. This would result in a significant reduction in the rate of reimbursement.

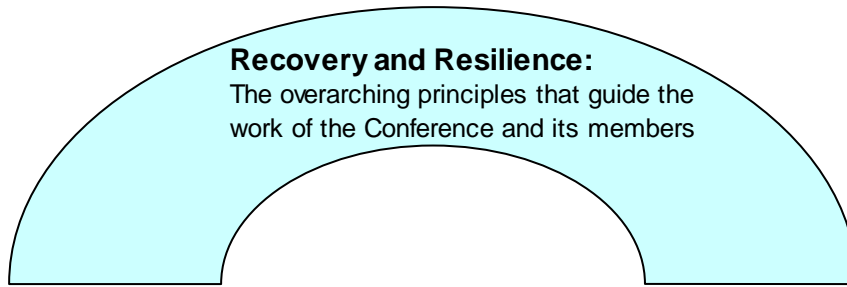
When taken together, the information from key informants, the direct feedback from State agency leaders, the discussion CLMHD member priorities, and the anticipated policy and regulatory changes at the State and federal level, combine to create an organizing framework for the Conference’s strategic plan outlined below.

STRATEGIC PLAN FRAMEWORK: THE SIX Rs

The framework for the Conference’s Strategic Plan can be summarized broadly in terms of the following “Six Rs,” as depicted on the page that follows. That is, guided by the overarching goal of creating a system of care where the principles of **Recovery and Resilience** are the driving force, the Conference should focus on:

- **Rationalization** (not rationing) of services and funding. That is, providing the local input and expertise to effectively lead and shape efforts to change funding and service priorities.
- **Re-engineering** of the system to maximize the utility of existing services and funding.
- Strengthening and developing the **Relationships and Partnerships** essential to accomplishing Conference goals and objectives.
- Supporting the members, through targeted Technical Assistance initiatives as well as other channels, in the effective **Roll-out and Implementation** of anticipated service and system changes.
- **Reinvigorating the membership** by providing opportunities to shape policy and system design decisions by sharing local input and providing services that support successful local implementation.

Strategic Plan Framework



Rationalize Services and Funding: Provide the local input and expertise needed to effectively lead and shape efforts to change funding and service priorities.

Re-engineer the System: Provide the input needed to identify opportunities to re-engineer the system in the current climate, including compelling examples of local cross-systems collaboration and promising practices and accountability for outcomes.

Relationships / Partnerships: Enhance, cultivate, and develop the relationships needed to advance the Conference's priorities -- at the State and local levels.

Roll-out: Provide the technical assistance to support and sustain effective local implementation of system changes

Reinvigorate the CLMHD Membership: Capitalize on the strengths and talents of members by effectively engaging them in the above activities and consistently deliver services and products that enhance the ability of the LGU to carry out its statutory function.

ROLE OF THE LOCAL GOVERNMENTAL UNIT (LGU)

Prior to identifying priorities and objectives for the Conference relative to the above framework, it is important to revisit the role of the LGU. As defined in Article 41 of mental hygiene law, the responsibilities of the LGU are summarized as follows:

Responsibilities of the Local Governmental Unit:

- Review local services in relation to need, determine local need, and encourage a broad array of services;
- Develop programs of local services, and establish long-range goals and intermediate plans, priorities and costs;
- Direct and administer the local services plan;
- Seek to assure all population groups are adequately covered, sufficient services are available, and that coordination and cooperation among services, and coordination of care, exists;
- Submit annual reports, and local services plans for the following year, to the offices for approval and subsequent state aid;
- Enter into contracts for services;
- Establish procedures to develop local plans, and regulations to guide the provision of services;
- Make policy and exercise general supervisory authority over local services;
- Administer, supervise or operate any assisted outpatient treatment program of a local governmental unit pursuant to applicable regulations and provide that all necessary services are planned for and made available for individuals committed under the program; and
- Identify and plan for the provision of care coordination, emergency services, and other needed services for persons who are identified as high-need patients, as such term is defined by the commissioner of mental health

The above constitutes a robust planning function—as well as a significant role related to ongoing system oversight and management. The Conference’s priority areas of focus, as outlined in this strategic planning document, will be carried out with an eye toward enhancing the ability for counties to perform the above responsibilities as effectively and efficiently as possible.

Over the past several years, the Conference has responded to a need to streamline State and local planning processes, and to adapt local services to changing regulations, priorities, and funding models. In essence, the LGUs have not just planned for the local service systems. Rather, the LGUs have been the managers of the local service systems for mental health, mental retardation and developmental disabilities, and alcoholism and substance abuse services. The LGUs manage with a philosophy and approach that is person-centered, to provide essential treatment, rehabilitation, vocational, financial and housing services to those most in need.

ROLE OF THE CONFERENCE – AN EMPHASIS ON LEADERSHIP

In the context of the information gathered, discussed, and synthesized during the strategic planning process, a clear leadership role for the Conference emerged, characterized by the following goals:

1. To reinforce its statutory responsibilities with the three mental hygiene agencies;

2. To initiate and facilitate an ongoing, meaningful partnership with the three mental hygiene agencies; and
3. To support local efforts to lead and manage system and services changes through advocacy, communication, and technical assistance.

These goals are entirely consistent with the authority of the Conference as outlined in Section 41.10 of mental hygiene law, which authorizes the Conference to review proposed rules and regulations, propose new or amended rules or regulations. Further, the Conference Chair is authorized to appoint committees to advise the commissioners of the state agencies.

RECOMMENDATIONS

In light of the information outlined above, specific outcome areas for the Conference over the next two to three years are as follows:

1. The Conference will play a leadership role in shaping the reform, re-engineering, and rationalization of services and funding within the three State agencies:
 - ✓ The Office of Mental Health
 - ✓ The Office of Mental Retardation and Developmental Disabilities
 - ✓ The Office of Alcoholism and Substance Abuse Services
2. The Conference will establish standing quarterly meetings between the Conference, and the NYS OMH, OASAS, and OMRDD commissioners around a set of mutually agreed-upon goals, thus ensuring a platform for bringing the voice of the counties to the table—and the means to bring essential information back to the membership.
3. The Conference will support the LGUs, through targeted Technical Assistance initiatives and other means, in effective planning for and management of the local community service system.

To make progress in these areas, the Conference will have to reexamine core structures and processes (e.g., the focus, charge, and composition of existing committees; the content and structure of future membership meetings, etc.)

ACTION PLAN

The sections that follow describe more specifically the steps that the Conference will take over the next two to three years to establish its leadership role and carry out the recommendations outlined above.

Objective One – Establish a Routine Forum with State Agency Leadership: Establishing this regular forum for productive discussion with State agency leadership is an important first step toward ensuring the Conference’s ability to take a leadership role in informing evolving policy and system changes. During the information-gathering stage of this undertaking, all three State agencies asked for the Conference’s assistance. Establishing an ongoing forum for meaningful discussion is a direct response to this invitation. Next steps in this regard will include:

- ✓ Conference Leadership will extend the meeting request to agency commissioners, underscoring the desire of the Conference to participate fully in shaping and implementing the pending system changes. This request will be followed by sharing a copy of the strategic plan so that agency leadership is fully aware of the Conference’s primary areas of focus. **The goal is to have the initial quarterly meeting take place by November.**
- ✓ Craft an agenda that offers a reason for the commissioners to meet. The Conference will develop a template for a standing meeting agenda. Each quarter, the Conference will report on what is working and what changes are recommended to achieve recovery and re-engineering outcomes. Agenda

topics for first meeting will include discussion of the Conference strategic plan and outlining the structure and logistics for future meetings.

- ✓ These quarterly meetings will require the Conference to work on agenda-setting months in advance and engage both staff and committees to ensure that the Conference leadership is well-positioned for effective, productive meetings. This will include identifying local examples of innovation and promising practices, and sharing these local advances with agency leadership.
- ✓ There will also be regular and consistent meeting follow-up, with “top-line” summaries developed and shared with the Conference membership. These will help to focus and drive the work of the various committees, which will help to “feed” the agenda for future quarterly meetings.
- ✓ Develop an agreed-upon set of goals for the meetings between the Conference and agency leadership, as well as agreement on principles (e.g., increased focus on outcomes to give greater flexibility in expenditure and service design to the LGU). Work together to develop measures of accountability to shift focus from current process- and utilization-oriented measures to quality outcomes from process/utilization measures.
- ✓ Develop a model to implement future budget cuts and reconfiguration of services that is driven at the LGU level and reflects principles of recovery and resilience.
- ✓ Identify opportunities to team with State agencies to leverage existing resources and expertise to strengthen local planning and management activities—such as providing data analytic and report development support.

Objective Two – Provide Proactive, Ongoing Input Into Restructuring and Re-engineering Efforts.

In order for the Conference to play a meaningful, proactive role in informing fiscal restructuring and system re-engineering, a structure to support this work must be put in place as soon as possible. Specific action steps in this regard are as follows:

- ✓ Establish an ad hoc committee focused on financial and services restructuring (rationalizing of services and funding) and re-engineering (supporting cross-systems collaboration, deployment of promising practices, and shifting the focus toward outcomes). Appoint a committee chair to champion this effort.
- ✓ Assign a Conference staff member to serve as Project Coordinator to support the work of this committee.
- ✓ Identify areas where additional knowledge, expertise, or technical assistance is needed. Develop a plan to guide the committee’s work.
- ✓ Disseminate plan to full Conference membership for review and comment, resulting in an established action plan within 6 months.

Objective Three – Support LGUs in Effective Planning and Management of their Local Systems:

The Conference should build on the success experienced to date in their facilitation of the Mental Hygiene Planning Committee, extending these efforts, as appropriate, to include more partners. Much of this work will take place under the auspices of the current planning committee, engaging Conference Leadership and other committees as appropriate to advance key goals. Specific objectives in this regard include:

- ✓ Increase LGU access to reliable information (both locally derived and State collected). Translate data into information that can support effective management and decision-making at the local level.
- ✓ Gather input from Conference members about their planning needs and define management reports that could be helpful to the counties.

- ✓ Create a process and forum for sharing existing "management templates" that have been proven effective at the local level so others can take advantage of these tools.
- ✓ Identify and provide the technical supports needed to improve local data collection/information gathering exercises. This could include access to expertise in survey design, development, and analysis.
- ✓ Cultivate relationships with other agencies to plan more effectively for specialty populations (e.g., veterans with substance abuse issues).
- ✓ Provide members with training and education related to using data to inform system management.
- ✓ Develop data models that are predictive in nature and support efforts to bring this information to the local level.
- ✓ Mentor new members related to planning.

Objective Four – Enhance Working Relationships with Organizations Needed to Ensure Success:

The Conference has a long history of collaborating effectively with individuals at State agencies and other organizations to help accomplish their goals and objectives. The Conference will maintain these working relationships, and cultivate new ones as needed to make progress toward established goals. This work will be purposeful and fully integrated to support the objectives outlined above. Specific actions to be taken in the coming months will include:

- ✓ Develop a list of current and desired agency contacts and share with committees, again with an eye toward advancing the objectives outlined in this plan.
- ✓ Develop a work plan for making contact with identified individuals, as well as a strategy regarding essential information that should be shared in order to engage them effectively in Conference activities. Progress in this area should be made prior to the February 2009 legislative event.
- ✓ Determine how best to engage existing committees—and the membership more broadly—in maintaining and building these relationships on behalf of the Conference.
- ✓ To support effective internal management, the Conference will develop a database to house this contact information and ensure that it is current and accurate.

Objective Five – Reinvigorate the Membership: The activities outlined above will move the Conference into a much stronger leadership role and result in increased engagement among Conference members. However, there are other steps the Conference will take to ensure that the skills and talents of the members are optimized and processes are in place to support key areas of focus. This will entail the following:

- ✓ Reassess and refine the Conference committee structure to support the work outlined in this Strategic Plan. More specifically, the Conference will take steps to change the bylaws to designate the Mental Hygiene Planning Committee as a standing committee, given the significant function of this group. Other areas of consideration will include:
 - Create new ad hoc committee to lead restructuring and re-engineering priorities.
 - Reexamine the charge of the existing Regional committees and determine how best to utilize this structure to support Conference priorities. A meeting with Regional Representatives to discuss this issue further, to clarify the committee's charge, and to outline operating practices should take place during the fall of 2008.
 - Consider disbanding the existing disability committees and folding existing members into the revised committee structures.

- Maintain the Multiple Disabilities and Children's committees.
 - In all cases, the agendas for Committee meetings should be assessed and revised as needed to support the areas outlined in this Strategic Plan as they represent the primary vehicles for accomplishing this work.
- ✓ Revisit the structure of membership meetings to maximize the effectiveness of these sessions, again tied to planned areas of focus. The Conference will solicit input from members regarding their needs and look to create more opportunities for meaningful interaction, discussion and learning.
 - ✓ Increase support to new members. The Conference will engage the full membership in this undertaking, calling on staff from the region within which the new member resides to reach out. Conference staff will visit new members early in their tenure to provide an orientation packet. A follow-up visit will take place several months later to provide additional context, respond to questions, etc. Existing members will offer to drive new members to their first full membership meeting, increasing their comfort level and providing an opportunity for informal information sharing.
 - ✓ The Conference will explore opportunities to use technology to support the membership and committees most effectively. This may include increased use of teleconferencing for meetings and exploration of web-based meeting technology.

MEASURING PERFORMANCE AGAINST PLAN

This document outlines a plan to enable the Conference to take a proactive stance on issues most central to its membership and to respond, in a concrete fashion, to the call from State agency leadership to partner with them on important policy, service, and financial changes. However, this strategic plan is intended to be an ongoing process, not an end point. In order for this plan to be successful, the Conference must have solid processes in place to measure progress within each of the areas outlined above and to report back at regular, established intervals. As the Conference staff and committees work to further develop the action plans outlined broadly above, assigning responsibility for key tasks, identifying more specific measures of progress, and establishing clear timetables will be essential to the success of these efforts. This additional detail will be incorporated into this plan, and the first formal report of progress will take place at the spring membership meeting, which will take place in April of 2009.

Finally, in executing core elements of the plan outlined above, the Conference will need to strengthen efforts to stay abreast of changes in the broader healthcare environment, including issues such as workforce recruitment and retention, service coverage and reimbursement, the extension of managed care, as well as implementation of evidence-based or emerging practices as developments in these other areas will no doubt shape Conference priorities.

Appendix A

NYS Conference of Local Mental Hygiene Directors July 2008 Strategic Planning Meeting Participant List

OFFICERS

Phil Endress, Conference Chair
Commissioner, Erie Co. Dept. of Mental Health

Susan Delehanty, First Vice Chair
Franklin Co. Director of Community Services

Joseph Patterson, Second Vice Chair
Schoharie Co. Director of Community Services

Michael O'Leary, Treasurer
Columbia Co. Director of Community Services

Patricia Brinkman, Secretary
Chautauqua Co. Director of Mental Health Services

COMMITTEE CHAIRS

Robert Anderson, Chemical Dependency
Director of Community Services in Allegany and Steuben Counties

Nicole Bryant, Multiple Disabilities
Director, Essex Co. Mental Health Services

Susan Delehanty, Developmental Disabilities
Franklin Co. Director of Community Services

Arthur Johnson, Mental Health
Commissioner, Broome Co. Mental Health Dept.

Katherine Maciol, Children and Families
Commissioner, Rensselaer Unified Services, Dept. of Mental Health

Michael O'Leary, Co-Chair IOCC Mental Hygiene Planning Committee
Columbia Co. Director of Community Services

REGIONAL REPRESENTATIVES

Brian Hart, Finger Lakes
Director, Chemung Co. Mental Hygiene Dept.

Trish Marsik, New York City
Assistant Commissioner, New York City Bureau of Mental Health

Sherrie Gillette, North Country
Director, Clinton Co. Mental Health and Addiction Service

CONFERENCE STAFF

Duane Spilde, Executive Director

Katie Mayo, Deputy Executive Director and Director of Legislative & Governmental Affairs

Peter Freed, Director of Policy Analysis

Laura Davis, Committee Support Specialist

Linda Tremblay, Director of Communications and Special Projects

Vicky Quinn, Executive Assistant and Office Manager

Mary Coppola, Technical Assistance Manager

FACILITATORS

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Appendix B

Ann Boughtin

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Ann Boughtin has been a manager of public and private organizations for more than 25 years. Throughout her career, Ann has held executive positions in both the private sector and government, developing, implementing and managing behavioral health services. Ann has managed a successful consulting business and has counted among her clients the State of Tennessee, where she advised them on matters related to managed care operations and the state's Medicaid managed care program for behavioral health. Ann consulted with a wide range of organizations, assisting them with change management, strategic planning, business process re-engineering, marketing and general organizational and management challenges. She has provided consultation to start-up companies, State agencies, non-profit providers, and health insurance companies.

Ms. Boughtin was a Bureau Director and Program Analyst during her 15 years with the New York State Office of Mental Health, where she worked as one of the 50 top executives. She also worked for Magellan Health Services (MHS) for 4 years, serving from 2003-2005 as General Manager of the \$455M subsidiary of MHS that managed behavioral health services for the TennCare program in Tennessee. Throughout her career, Ann has held executive positions in both the private sector and government, developing, implementing and managing behavioral health services. Most recently, Ms. Boughtin was COO of CareGuide, a publicly traded integrated health management company focused on the needs of people with complex health conditions.

In 2007, she was elected to the Executive Committee of Mental Health America (formerly the National Mental Health Association) and currently serves on the Board of Directors for Mental Health America. She holds a BS and MA in political science, and a Master's in Public Administration.

Coordinated Care Services, Inc. (CCSI)

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Based in Rochester, New York, CCSI is a not-for-profit management services organization with over 25 years of experience in behavioral health and human services planning, monitoring, and evaluation. Incorporated in 1984 as Integrated Mental Health, Inc., the organization administered a NYS Office of Mental Health, County and United Way supported demonstration project in local management and alternative financing of mental health services in Monroe and Livingston counties. The corporation was reorganized in late 1992 and the scope of CCSI services has since expanded.

Today, CCSI provides a broad array of consulting services to county behavioral health, social and human service departments, State agencies, and community-based organizations across New York State. Significant areas of expertise include: contract management, services development and monitoring, evaluation and services research, data analysis, financial services, cultural and linguistic competency assessment and training, and staffing support.

CCSI has a long-standing history of providing consultation support to the Conference on a broad range of issues. Anne Wilder, President of CCSI, has played a key role in many of these efforts, including her current work to provide coordination and facilitation support to the Conference for the Mental Hygiene Planning Group, a cross-agency effort to improve the efficiency and effectiveness of the planning process.