ADAMHS BOARD
MONTGOMERY COUNTY
ALCOHOL | DRUG ADDICTION | AND MENTAL HEALTH SERVICES

MINUTES

Board Meeting
June 28, 2017

Present:	Anthony Whitmore, Chair	Staff:	Joe Bullock
	Shallon Coleman		Jennifer Cox
	Judy Cook		Andrea Doolittle
	Stan Eichenauer		Andrea Hoff
	Lou Fries		Helen Jones-Kelley
	Caroline Gentry		Jodi Long
	Jackie Jackson		Jonathan Parks
	Edmund Moore		Andrew Sokolnicki
	Jim Newby		Ann Stevens
	Paul Porcino		Lynn Voisard
	Clarence Williams		

CALL TO ORDER

A. Whitmore, chair called the meeting of Montgomery County Alcohol Drug Addiction and Mental Health Services to order at 5:30 PM in the offices of the Montgomery County Alcohol Drug Addiction and Mental Health Services with a quorum present.

RECOGNITION OF GUESTS

Director Jones-Kelley introduced the guests present.

APPROVAL OF BOARD MINUTES

#17-028 With no changes to the May 24, 2017 minutes, the minutes approved as distributed.

CONSENT AGENDA

The question was asked if there were any items on the Consent Agenda that needed to be removed and discussed.

** S. Eichenauer moved and J. Cook seconded that Montgomery County Alcohol Drug Addiction and Mental Health Services approve the consent agenda as

distributed. Further that the Executive Director or board designee is authorized to sign any documents necessary to execute the process. Motion carried unanimously.

CONSENT AGENDA – Program & Services – June 21, 2017

12-Month Administrative Services Management Contracts (revenue)

#17-029	Tri-County (Mercer, Van Wert, Paulding)	$30,900
#17-030	Four County (Defiance, Henry, Fulton, Williams)	$41,200

12-Month Contracts – Treatment & Supportive Services

#17-031	Daybreak, Inc.	$756,137
#17-032	Eastway Corporation	$6,358,388
#17-033	Family Services Association	$56,560
#17-034	Goodwill Easter Seals of Miami Valley (Includes Prevention Services)	$566,913
#17-035	Lighthouse Youth Services	$150,000
#17-036	Miami Valley Housing Opportunities	$675,603
#17-037	Mont. Co. Common Pleas Court	$50,000
#17-038	Mont. Co. Juvenile Court	$195,369
#17-039	NOVA Behavioral Health	$6,503,910
#17-040	PLACES, Inc.	$722,950
#17-041	Project C.U.R.E.	$211,412
#17-042	Public Health Dayton & Montgomery County – Addiction Services (Includes Prevention Services)	$1,185,937
#17-043	Samaritan Behavioral Health, Inc. (Includes Prevention Services)	$5,258,293
#17-044	South Community, Inc.	$2,503,772
#17-045	TCN Behavioral Health Services Inc.	$483,434
#17-046	UMADAOP-Dayton (Includes Prevention Services)	$506,243
#17-047	Women's Recovery Center	$241,458
#17-048	Wright State University (Includes Prevention Services)	$776,202

Contract Revision

#17-004	Promise to Hope (change from SFY to Calendar Year)

12-Month Contract(s) – Prevention/Early Intervention

#17-050	Kettering City Schools	$28,528

Contract Extensions – Prevention/Early Intervention

#17-005	UMADAOP – Stacked Deck Program	
#16-071	City of Kettering Youth Led Prevention	

12-Month Various Vendor Purchase Order(s)

#17-051	Inpatient Treatment	$100,000
	Deaf Interpreters	$90,000
	Guardianship Services	$20,000
	ICAT	$300,000
	Language Interpreters	$95,000
	Out-of-County Non-Medicaid Treatment	$10,000
	Patient Labs	$35,000
	Central Pharmacy Medication	$200,000
	IDAT – Dayton Municipal Court	$50,000
	IDAT – Vandalia Municipal Court	$50,000

Contract Worksheets are attached with additional information.

SFY 2018 Community Plan

#17-052 Submission of SFY2018 Update

SFY 2018 Community Plan is attached.

Director Jones-Kelley shared photographs of graduates of the Bruner Literacy Center. Bruner Literacy Center provides free, one-on-one tutoring to adults ages 19+ who want to improve their reading, writing, and math literacy skills; and the board approved bridge funding to Montgomery County Common Pleas Court.

NEW BUSINESS

SFY 2017-2018 Quality/Performance Improvement Plan

A. Sokolnicki, Program Coordinator Quality Improvement, provided an overview of the 2017-2018 Quality Performance Improvement Plan.

The Performance/Quality Improvement Plan focuses on public resources on the triple aim of improving the consumer experience of care (including quality and satisfaction); improving the brain health of the population; and reducing the per patient costs associated with behavioral health care through focus on prevention, treatment and supported services. The Board is further committed to utilizing public resources in the most efficient and effective manner while maintaining high quality services. The

performance system incorporates external evaluation of contract services and internal performance measures of the board's administrative functions.

Performance/Quality Improvement Plan is attached.

#17-053 J. Cook moved and S. Eichenauer seconded that Montgomery County Alcohol Drug Addiction and Mental Health Services approve and adopt the SFY 2017-2018 Performance/Quality Improvement Plan. Further that the Executive Director or Board designee is authorized to sign any documents necessary to execute this process. Motion carried unanimously.

Transfer of Mortgage title

J. Parks, Director Business Operations/Chief Fiscal Officer shared that in 2014, Montgomery County ADAMHS entered into a capital project with Ohio Mental Health and Addiction Services (OhioMHAS) to provide recovery housing for individuals who have completed a substance abuse treatment program and are in need of a sober living environment.

Three single family homes were purchased and renovated, each providing a five-bed supervised programmatic residence. All program operators are Ohio Recovery Housing (ORH) affiliate members and non-profit, 501(c)3 organizations.

The project goal was for ADAMHS to purchase the property and hold title to the property until which time the renovations were completed. Mortgage would be transferred to the provider organization.

OhioMHAS will maintain a thirty-year mortgage on each of the properties and forgive the mortgage over the thirty-years as long as the property maintains the contractual purpose. If the property is no longer used as recovery housing, the property reverts to OhioMHAS and ADAMHS obtains a new operator.

Per the agreement with OhioMHAS, we are initiating the transfer of title to the provider agencies.

#17-054 J. Jackson moved and C. Gentry seconded that Montgomery County Alcohol Drug Addiction Mental Health Services Board initiate the transfer of title to the following non-profit organization noted below. Further that the Executive Director or Board Designee is authorized to sign any documents necessary to execute the process. Motion carried unanimously.

Holt Street Miracle Center – 1212 W. Riverview Ave, Dayton OH 45402
Joshua Recovery Ministries – 11 Rita Street Dayton OH 45404
Whole Truth Ministries – 314 Lynnhaven Drive, Riverside OH 45431

BOARD CHAIR REPORT

- July Committee & Board Meetings at places.
- Disclosure of Relationships Form
    - Please complete and return to Lynn Voisard
- Annual Board Evaluation
    - Link available June 29, 2017
    - Due Date: Friday, July 14, 2017
- Attended the 2017 Ohio's Opiate Conference hosted by Ohio Association of County Behavioral Health Organizations. Very impressed with the turnout and quality of presenters. Excellent job to ADAMHS staff who made presentations.
- S. Eichenauer, E. Moore and P. Porcino were recognized for their many years of service on the Montgomery County Alcohol Drug Addiction Mental Health Services Board.

EXECUTIVE DIRECTOR REPORT

Director Jones-Kelley provided the following report:

- Crisis Stabilization Unit – work is progressing with Greater Dayton Area Hospital Association and other partners. Will seek a loan from the City Wide Development loan program. Thanks to Edmund Moore for providing information regarding this loan program.
- Board Members and others are encouraged to contact the Governor regarding Medicaid Expansion to show our support. A sample letter and e-mails will be provided.
- Media Packet – A. Stevens provided members with a packet showing all of the media coverage the last month.
- Christmas in July – L. Voisard proposed having a Christmas in July and collecting donations for Goodwill Easter Seals Miami Valley's Miracle Clubhouse.
    - Items needed include: Snack food for snack bar; office supplies, fish food, personal hygiene products, plants, planters and potting soil. Deadline for donations is Friday, July 21, 2017. Monetary donations: GWESMV and write Miracle Clubhouse on the memo line.

ADJOURNMENT

With no further business, the meeting was adjourned.

Anthony Whitmore, Chair

Prepared by Lynn Voisard

Program Services Policy Committee
June 21, 2017
Administrative Contracts

Agency & Brief Service Description	Type of Service	FY17 Contract	FY 18 Contract	Note	Resolution #
FY 17 - 12 Month Funding: **Staff recommends the Program & Services Policy Committee recommend to the ADAMHS Board for Montgomery County to contract with the following providers identified in the table below for the period of July 1, 2017 - June 30, 2018 for the provision of Administrative Services Management (ASM). Further the Executive Director or board designee is authorized to sign any document necessary to execute this process.**					
Tri County ADAMHS Board (Mercer, Van Wert, Paulding) *Management of claims, enrollment and information systems processes.*	Administrative Services Contract	$30,000	$30,900	Revenue	17-029
Four County ADAMHS Board (Defiance, Henry, Fulton, and Williams) *Management of claims, enrollment and information systems processes.*	Administrative Services Contract	$40,000	$41,200	Revenue	17-030

Program Services Policy Committee
June 21, 2017
SFY 18 Treatment Support Contracts

Agency & Brief Service Description	Accreditation / Licensure	Type of Service	FY17 Contract	FY 18 Contract	Reason for Change in Funding	Contract Compliance	Source of Funding	Resolution #
12 Month Funding: **Staff recommends the Program & Services Policy Committee recommend to Montgomery County Alcohol Drug Addiction and Mental Health Services to fund and contract with the following providers not to exceed the amounts identified in the table below for the period of July 1, 2017 - June 30, 2018 for the provision of services contingent upon receipt of the revised SFY 2018 Application for Funding. Further the Executive Director or board designee is authorized to sign any document necessary to execute this process.**								
Daybreak Inc. *Supportive services for homeless youth living with SPMI*	CARF & OHMHAS	Supportive Service	$514,490	$756,137	• Added SUD outpatient services with medication assisted treatment	Yes	OHMHAS & Levy	17-031
Eastway Outpatient MH & AoD services; Forensic services; Housing services; Social club	CARF & OHMHAS	Treatment & Supportive Services	$6,223,114	$6,358,388	• increase in Adult Foster Care per diem • Discontinuation of Forced Medication Independent Evaluation contract	Yes	Levy, OHMHAS, Title XX	17-032
Family Services Association *Outpatient MH & AoD Services for those who are hearing impaired/deaf*	COA & OHMHAS	Treatment	$56,560	$56,560		Yes	Levy	17-033
Goodwill Easter Seals of Miami Valley •*Main Street Recovery Center ($114,000)* •*Downtown Dayton Initiative ($132,176)* •*Consumer Operated Services ($58,080)* •*Miracle Clubhouse ($87,048)* •*Peer Recovery Supporter Training ($73,0202)*	CARF & OHMHAS	Treatment & Supportive Services	$291,407	$566,913	• New provider for AoD outpatient services & MAT • DDI - increase in homeless outreach services; FY17 contract was for 18 months • COS - Increase in services by .50 FTE • Clubhouse - Increasing capacity for transitional employment specialist • New Connection Center for Peer Recovery Supporters NOTE: Combined Prevention & Treatment Contract	Yes	Levy	17-034
Lighthouse Youth Services *MHAS Criminal Justice BH & CJ - Juvenile Re-Entry Services (Pass Thru)*	NA	Treatment & Supportive Services	$125,000	$150,000	*includes SFY17 carryover of $50,000	Yes	OHMHAS	17-035
Miami Valley Housing Opportunities Inc. *Supported Housing for those living with SPMI*	OHMHAS	Supportive service	$564,772	$675,603	• increase in funding to PATH due to decrease in OHMHAS funding • New street outreach services for indivduals who are substance using & homeless	N/A	Levy	17-036
Montgomery County Common Pleas Court - Literacy Program		Supportive Service	NA	$50,000	• One time bridge funding to continue program			17-037
Montgomery County Juvenile Court Treatment Alternatives to Street Crime (TASC)	Exempt (Government)	Supportive Service	$195,369	$195,369		Yes	OHMHAS	17-038

Program Services Policy Committee
June 21, 2017
SFY 18 Treatment Support Contracts

Agency & Brief Service Description	Accreditation / Licensure	Type of Service	FY17 Contract	FY 18 Contract	Reason for Change in Funding	Contract Compliance	Source of Funding	Resolution #
Nova Behavioral Health *AoD Residential & outpatient; MH residential treatment; Residential withdrawal management*	CARF & OHMHAS	Treatment	$6,502,145	$6,503,910	•Increase 2 beds for residential withdrawal management	Yes	Levy, OHMHAS	17-039
Places	OHMHAS	Supportive	1,466,334	772,950	•Becomes Medicaid provider 10/2017	Yes	Levy	17-040
Project Cure	CARF & OHMHAS	Treatment	765,996	211,412	•Reduction in Medicaid billable services due to increased # of MCD covered individuals	YEs	Levy, OHMHAS	17-041
Public Health Dayton & Mont Co. - Addiction Services *Outpatient AoD services, AoD Prevention, Gambling Prevention*	CARF & OHMHAS	Treatment	$721,418	$1,185,937	• New Service - Community Based Addictions Treatment Team NOTE: Contract amount includes both prevention & treatment funding	Yes	Levy; OHMHAS; CURE's Act	17-042
Samaritan Behavioral Health Inc *Outpatient MH & AoD, CrisisCare, Ambulatory Withdrawal Management, Jail in House Services*	CARF & OHMHAS	Treatment & Supportive Services	$5,063,602	$5,258,293	• Increase .5 FTE for court ordered assessments • AoD Service Expansion - Huber Heights site • Increase 2.5 FTE jail based services • Add new peer program for CAM NOTE: Combined Prevention & Treatment Contract	Yes	Levy, OHMHAS	17-043
South Community	CARF & OHMHAS	Treatment & Supportive Services	2,321,992	2,503,772	• Service Expansion - Forensic ACT • New Service - Outpatient Competency Restoration • increase in Employment Services • Reduction in Medicaid billable services	Yes	Levy, OHMHAS	17-044
TCN Behavioral Health Services Inc.	CARF & OHMHAS	Treatment	NA	$483,434	New provider for MH & AoD outpatient services; AoD residential treatment; AoD transitional housing	NA	Levy	17-045
UMADAOP *Outpatient AoD services, AoD Prevention, 3 SAPT Grants (Pass thru)*	OHMHAS	Treatment	$505,676	$506,243	•Decrease in AoD Treatment Services at request of agency NOTE: Contract amount includes both prevention & treatment funding	Yes	Levy; OHMHAS; SAPT Grants	17-046
Women's Recovery Center *Women's Specialized AoD Residential*	CARF & OHMHAS	Treatment	$241,458	$241,458		Yes	Levy	17-047

Program Services Policy Committee
June 21, 2017
SFY 18 Treatment Support Contracts

Agency & Brief Service Description	Accreditation / Licensure	Type of Service	FY17 Contract	FY 18 Contract	Reason for Change in Funding	Contract Compliance	Source of Funding	Resolution #
Wright State University • *Child Psychiatric Fellowships ($75,000)* •*Doctoral Psychology Clinical Traineeships ($62,000)* •*Mental Illness/Developmentally Disabled Psychiatric Residency Placements ($30,000)*	Exempt (Academic	Treatment	$442,263	$776,202	• Treatment Programs are flat funded from SFY17 NOTE: Combined Prevention & Treatment Contract	N/A	Levy	17-048
Contract Revision **Staff recommends the Program & Services Policy Committee recommend to the ADAMHS Board for Montgomery County to revise the identified contract from a period of SFY17 to CY17 not to exceed the amounts identified in the table. Further the Executive Director or board designee is authorized to sign any document necessary to execute this process.**								
Promise To Hope	NA	Supportive Services		$100,000		NA	Levy	17-004 Original Resolution #

Program Services Policy
Committee
June 21, 2017
SFY 18 Prevention Contracts

Agency & Brief Service Description	Accreditation / Licensure	Type of Service	FY 17 Prevention Contract	FY18 Prevention Contract	Reason for Change in Funding	Contract Compliance	Source of Funding	Resolution #
FY 18 - 12 Month Funding: **Staff recommends the Program & Services Policy Committee recommend to the ADAMHS Board for Montgomery County to fund and contract with the following providers not to exceed the amounts identified in the table below for the period of June 1, 2017 - July 31, 2018 for the provision of services contingent upon receipt of the SFY 2018 Application for Funding and/or written notification of award from OHMHAS. Further the Executive Director or board designee is authorized to sign any document necessary to execute this process.**								
Goodwill Easterseals Miami Valley • Rx Medication Safety Campaign ($90,663) • Youth Led Prevention ($11,744)	OhioMHAS	Prevention	$96,308	$102,407	FY17 prevention contract was for 6 months and included Start Up funds for Rx Meds Safety program	N/A	OhioMHAS	17-034 Funding is included in total agency contract (see treatment contract)
Kettering City Schools - Partners for Healthy Youth *(Pass Thru)*	N/A - Exempt by State Rule as an entity under the Ohio Board of Education	Prevention	$28,528	$28,528	N/A	N/A	OhioMHAS	17-050
Public Health - Dayton & Montgomery County • Problem Gambling Prevention ($105,221) • Strengthening Families ($127,825)	OhioMHAS	Prevention	$428,374	$233,046 (Total Prevention Contract = $358,046 which is inclusive of $125,000 contract for MCPC which was approved by the Board in May)	FY17 contract included 2 amendments for carryover funds and treatment waiver funds	N/A	OhioMHAS	17-042 Funding is included in total agency contract (see treatment contract)
Samaritan Behavioral Health • SBIRT Services ($100,000) • Suicide Prevention Services ($125,000)	OhioMHAS	Prevention	N/A for Prevention	$225,000	New services	N/A	Levy	17-043 Funding is included in total agency contract (see treatment contract)
UMADAOP • Aiming High ($40,125) • Ohio Violence Prevention Process (OVPP) ($77,800) • Youth Led Prevention ($6,000) • Elder Care (*Pass Thru*) ($56,690) • UMADAOP (*Pass Thru*) ($169,061)	OhioMHAS	Prevention	$359,101	$349,676	Elimination of services that are not in contract alignment	N/A	OhioMHAS	17-046 Funding is included in total agency contract (see treatment contract)
Wright State University / School of Professional Psychology • PECE-PACT Program	N/A - Exempt by State Rule as an entity under the Ohio Board of Regents	Prevention	$69,288	$69,288	N/A	N/A	OhioMHAS	17-048 Funding is included in total agency contract (see treatment contract)
WSU/College Education Human Services • PAX Good Behavior Game	N/A - Exempt by State Rule as an entity under the Ohio Board of Regents	Prevention	$205,975	$539,914	Expand to 3 new schools districts and 120 new classrooms	N/A	Levy	17-048 Funding is included in total agency contract (see treatment contract)

Program Services Policy
Committee
June 21, 2017
SFY 18 Prevention Contracts

Contract Extension: **Staff recommends the Program & Services Policy Committee recommend to the Montgomery County Alcohol Drug Addiction Mental Health Services to extend the contracts with the following providers for the time period July 1, 2017 through December 31, 2017. further that the Executive Director or board designee is authorized to sign any documents necessary to execute this process.**								
UMADAOP Stacked Deck Program	OhioMHAS	Prevention	$95,000 - original contract amount	$58,500 (funding extended	Extend contract through end of year	N/A	OhioMHAS	17-005
City of Kettering Youth Led Prevention	N/A	Prevention	The original funding to support this project was for two-years (FY '15-'FY '16) for $35,000.	$20,904 (funding extended)	The original funding to support this project was for two-years (FY '15-'FY '16) for $35,000.	N/A	Levy	16-071

Program Services
Policy Committee
June 21, 2017
C/Y 17 Various Vendor Contracts

12 Month Funding:
Staff recommends the Program & Services Policy Committee recommend to the ADAMHS Board for Montgomery County to fund the various vendor purchase orders not to exceed the amounts identified in the table below for the period of July 1, 2017 - June 30, 2018 for the provision of services. Further the Executive Director or board designee is authorized to sign any document necessary to execute this process.

Amount	Purpose	Fund Source	Modifications to original resolution	Resolution #
$ 100,000	Children Adolescent Inpatient	Levy		17-051
$ 90,000	Deaf Interpreters	Levy		
$ 20,000	Guardianship services	Levy		
$ 300,000	ICAT	Levy		
$ 95,000	Language Interpreters	Levy		
$ 10,000	Out of County Non-Medicaid Tx	Levy		
$ 35,000	Patient Labs	Levy		
$ 200,000	Central Pharmacy Medication	Continuum of Care Funds		
$ 50,000	Dayton Municipal Court IDAT	Dayton Municipal Court		
$ 50,000	Vandalia Municipal Court IDAT	Vandalia Court		

Ohio Mental Health and Addiction Services (OhioMHAS)

Community Plan Update for SFY 2018

Needs Assessment Update

1. Please update the needs assessment submitted with the SFY 2017Community Plan, as required by ORC 340.03, with any new information that significantly affects the Board's priorities, goals or strategies. New needs assessment information is of particular interest and importance to the Department regarding: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils (ORC § 340.03(A)(1)(c); (2) outpatient service needs of persons receiving treatment in state Regional Psychiatric Hospitals (ORC § 340.03(A)(1)(c); and (3) consequences of opiate use, e.g., overdoses and/or deaths. If the needs assessment section submitted with the SFY 2017 Community Plan remains current, please indicate as such.

Board's Needs Assessment Update Response (if any):

• Montgomery Co. ADAMHS has implemented an outpatient civil restoration project for individuals charged with misdemeanor offenses who have been found incompetent to stand trial. This project is expected to serve 8-10 individuals per year.

• Montgomery Co. ADAMHS in partnership with Public Health/Dayton-Montgomery County are utilizing the Incident Command Structure for disasters to address the opiate epidemic known as the Community Overdose Action Team (COAT). The COAT has aligned community organizations and coalitions across the county in order to coordinate initiatives to improve population health outcomes.

• Montgomery Co. ADAMHS hosted a Sequential intercept Mapping (SIM) in February of 2017 to address those opiate addicted & involved in the criminal justice system. The SIM priorities are integrated into the 8 branches of the COAT as working goals. The priorities are access to treatment, recovery housing, and criminal justice initiatives.

Current Status of SFY 2017 Community Plan Priorities

2. Please list the Block Grant, State and Board priorities identified in the SFY 2017 Community Plan, briefly describe progress in achieving the related goals and strategies, and indicate in the last column if the Priority is "Continued," "Modified", or "Discontinued" for SFY 2018. If the SFY 2017 Community Plan addressed (1) trauma informed care; (2) prevention and/or decrease of opiate overdoses and/or deaths; (3) suicide prevention, and/or (4) Recovery Oriented Systems of Care, OhioMHAS is particularly interested in an update or status report of these areas.

(NOTE: This section only applies to previously submitted SFY 2017priorities. Any new priorities are to be listed in item #3, if applicable). Please add as many rows in the matrix below as are necessary.

PRIORITIES, GOALS AND STRATEGIES ARE CUT AND PASTED FROM THE SFY 2017 COMMUNITY PLAN					
Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or Discontinued in SFY 2018?
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Persons who self-identify as IDU get priority for services within 2 days of request. Ensure quality programming available to this population.	Require each service provider to maintain compliance with access timeframes in accordance with the federal standard. Provide programming that includes Medication Assisted Treatment Options including Methadone, a pilot program for Suboxone®, outpatient, and residential treatment options.	Agencies are providing services within timeframe.	NA	Continued
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure compliance with access requirements for pregnant women within the local system of care. Ensure quality programming available to this population.	Require each service provider to maintain compliance with access timeframes in accordance with the federal standard. Partner with local Children Services, Family & Children First Council regarding service coordination.	Agencies are providing services within timeframe.	NA	Continued

SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ensure compliance with access requirements for parents with dependent children within the local system of care. Ensure quality programming available to this population.	Provide funding for site specific providers at MCCSD. Partner with local Interagency Clinical Assessment Team for multi-system youth to plan for services and cost share when MH treatment is a primary need. Partner with CSD and Juvenile Court to fund the ICAT Coordinator position. Provide outpatient programming for this population at varied provider agencies.	Agencies are providing services within timeframe.	NA	Continued
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Persons at risk of or with TB or other communicable diseases receive counseling and testing.	Agencies provide counseling, testing and/or a referral to testing and treatment for communicable diseases.	Agencies are providing services within timeframe.	NA	Continued
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Youth with SED have access to and receive treatment that is of high quality and responsive to the needs of the child/family.	Multi-system youth may be referred to ICAT for service coordination and access to services as identified. Core BH services are available within the system of care for SED youth.	Agencies are providing services within timeframe.	NA	Continued

MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	SMI adults have access to and receive treatment that is of high quality and responsive to their needs.	Core BH services are available within the system of care for SMI adults. SMI adults are afforded supportive services within the spectrum of care.	Agencies are providing services within timeframe.	NA	Continued
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing	Homeless people who are living with mental illness and/or addiction will have access to permanent supportive housing based on available funding Persons experiencing SPMI will obtain affordable housing with supportive services to assist them to remain housed, and recover from MH / Addiction.	Outreach services will be provided by PATH and other social service agencies to identify individuals who are homeless and living with mental illness and/or addiction PATH will connect individuals to needed housing and supportive services Obtain a baseline of housing stock & subsidies in the ADAMHS system and Continuum of Care. Assess supportive services availability. Establish a baseline of recovery housing throughout Montgomery County. Conduct a needs assessment for recovery housing.	Agencies are providing services within timeframe.	NA	Continued

		Explore options to support recovery housing system of care. Explore resources for expansion of recovery housing options. Enhance collaboration with and among housing providers.			
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Increase access to MH/SUD treatment services within local jail and community based correction facilities within in the county Maintain operations of specialized dockets including veterans court, mental health court, juvenile drug court, and 2 common pleas drug courts	Providers will be given ability to bill ADAMHS board for assessment, OP counseling, CPST/AoD case management, and pharmacological/Med/som services within these facilities for open/active clients Will fund continued in-house MH/SUD services via local provider including crisis and assessment services Continue collaboration with specialty dockets via shared funding positions, technical assistance, and grant opportunities	Implemented 7/1/2016	NA	Continued
Integration of behavioral health and primary care services	Integration of BH and Primary Care for persons living in Montgomery County.	Partner with Public Health of Dayton/Montgomery Co. to implement CHIP behavioral health initiatives			

Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)	Recovery Support services are plentiful throughout Montgomery County for SMI and substance use disorders. Expand Peer Support services provider network.	Provide a host of supportive services that are in alignment with our priorities as well as those emerging community needs. Host training in Dayton for potential Peer Support providers. Work with provider agencies to implement Peer Support programs.	Increased recovery housing contracts Local provider provides assistance to individuals seeking peer recovery supporter certification CBHC are working to integrate certified peers into treatment programs	NA	Continued
Prevention and/or decrease of opiate overdoses and/or deaths	Increase # of LE departments carrying Narcan	Develop a shared funding Narcan Repository that LE depts. can access for Narcan kits	15 LE departments are participating	NA	Continued & will expand to EMS departments who wish to personally furnish Narcan to the community in FY18
Promote Trauma Informed Care approach	Provide access to local trauma informed care trainings for local professionals	Host local trauma informed care trainings by certified professionals	Implemented	NA	Continued
Prevention: Ensure prevention services are available across	Utilize information from the SPF process to guide decision-making for the	Completion of all five SPF steps with additional focuses on Cultural	A SPF plan has been completed for Prevention		Continued; a RFP has been issued to expand suicide prevention services

the lifespan with a focus on families with children/adolescents	allocation of funding to support prevention services	Competence and Sustainability: 1. Assessment 2. Capacity Building 3. Planning 4. Implementation 5. Evaluation	Services focused on suicide prevention		
Prevention: Increase access to evidence-based prevention	Increase the # of evidence based prevention programming available in the community	Work with Wright State University to expand the PAX/GBG initiatives Partner with Public Health of Dayton/Montgomery Co. to complete a need, gaps, & system barrier analysis to identify priority populations and implement EBP prevention programs to address need	7 school districts currently utilize PAX/GBG We continue to look for additional school districts who wish to implement	NA	Continued
Prevention: Suicide prevention	Increase the # of evidence based suicide prevention programming to identified high risk populations	Implement new EBP suicide prevention program during SFY17	A SPF plan has been completed for Prevention Services focused on suicide prevention	NA	Continued; a RFP has been issued to expand suicide prevention services
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Persons presenting for AoD outpatient and IOP services will be screened for problem gambling.	Implement gambling screening at the time of intake for AoD outpatient and IOP services. Implement problem gambling prevention with high risk populations.	Implemented at all ADAMHS contracted agencies. Risky Business provided to high risk populations Montgomery County Problem	NA	Continued

			Gambling Prevention Coalition		
24/7 SUD Crisis services to serve those who have experienced a Narcan Rescue	Increase access to appropriate SUD levels of care for those experiencing a SUD crisis	Implement a 24/7 crisis service to provide immediate intervention for those who have experiencing a Narcan Rescue to ensure access to appropriate level of care in a timely manner	Implemented Sept 2016	NA	Continued
Residential Withdrawal management services	Increase access to Residential Withdrawal management beds in the county	Purchase up to 8 additional Residential Withdrawal management beds by January of 2017	Implemented in full December 2016	NA	Continued
Pregnant women who are opiate addicted	Develop recovery housing & supportive services in partnership with Miami Valley Hospital's prenatal treatment program "Promise to Hope" and Brigid's Path	Utilizing OHMHAS capital grant project develop L3 recovery housing Via local human services levy purchase recovery supportive services to complement treatment & recovery housing	In process; continue to look for an apartment complex that is within budget	NA	Continued
People with opiate addiction identified as high risk due to pregnancy, drug court referral, and/or due to multiple incarcerations related to substance use	Increase access to community based treatment for those individuals how have SUD and are identified as high risk	Implement an addictions wraparound team in partnership with Public Health of Dayton/Montgomery Co. which is a multi-disciplinary community based team to provide substance use disorder treatment and supportive services to individuals in their homes & the community as an	Has been designed & have provider identified	NA	Continued; this project implementation will be funded with CURES funding in FY18

		alternative to inpatient/residential treatment for up to 12 months			
Certified Peer Recovery Supporters	Increase # of OHMHAS certified peer recovery supporters	Provide local opportunity for individuals to complete the 16 hr online training, 40 hr in person training, and a computer testing center to complete the OHMHAS requirements for peer recovery supporter certification	Implemented 12 people have completed certification Offering 40 hour training locally in addition to assistance in completing certification process	NA	Continued
Recovery housing	Increase # of SUD recovery housing apartments in the community	Utilize local levy funding to subsidize recovery housing beds in the community	Increased recovery housing capacity up to 35 beds with 3 additional providers with ATR grant	NA	Continued
Payeeship Services	Increase capacity for the payeeship program	Increase levy funding for provider agency to hire 2 FTEs to eliminate waitlist for payeeship program	Completed	NA	Continued; we will continue to fund the additional 2 FTEs in FY18
Community based Outpatient Competency Restoration	Design & implement an outpatient competency restoration program for municipal courts	Partner with local municipal courts & MH/SUD providers to design a community based OP competency restoration program	Developed & piloted with one municipal court	NA	Continued; will expand to additional municipal courts in FY 18

Mental Health First Aid	Increase # of residents trained in MHFA	Partner with a variety of social service, school, criminal justice entities to offer MHFA as part of workforce development Partner with community and faith based organizations to offer MHFA to their members Partner with Sinclair Community College OPOTA Academy to incorporate MHFA into new officer academy	Trained over 900 residents in MHFA in CY16	NA	Continued
Crisis Intervention Team (CIT)	Build capacity within law enforcement departments to respond to a person experiencing a behavioral health crisis	Offer quarterly CIT 40 hr week Academies until all LE departments meet the minimum 25% of trained officers Facilitate the CIT Advisory committee that oversees CIT to ensure sustainability	Implemented; Montgomery Go. Currently has 18 departments with CIT officers; we are 19% of total uniformed officers	NA	Continued
Clubhouse &Consumer Operated Services	Keep SPMI adults engaged in meaningful social activities	Offer Maintain clubhouse and/or consumer operated services for adults living with severe & persistent mental illness	Implemented	NA	Continued

New Priorities for SFY 2018 (if applicable)

3. **If applicable**, please add <u>new</u> Block Grant, State or Board priorities for SFY 2018 that were not reflected in the previous Community Plan for SFY 2017. [The Department is especially interested in new priorities related to:(1) trauma informed care; (2) prevention and decrease of

opiate overdoses and/or deaths; (3) suicide prevention; and/or (4) Recovery Oriented Systems of Care (ROSC)]. Please add the priority to the matrix below and complete the appropriate cells. If no new priorities are planned, please state that the Board is not adding new priorities beyond those identified in item 2 above.

Priority	Goal	Strategy	Measurement
Forensic ACT Team	Implement 1 team who can serve up to 30 individuals		
EMS Narcan Repository	Provide EMS with Narcan they can personally furnish residents to increase access to Narcan in the community to reduce # of overdoses	Identify lead EMS agency who will oversee repository for up to 30 EMS departments	# of EMS departments participating # of kits personally furnished
Community Residential Treatment for Youth	Operate a local community residential treatment facility that can provide ASAM level 3.5, co occurring treatment	Partner with Montgomery Co. Juvenile Court to develop a local community residential treatment option for youth involved in Juvenile Court and/or Children Services Division	# of youth treated locally
Crisis Stabilization Unit	Open a standalone MH & SUD facility	Partner with hospitals to develop a community wide CSU	# of people diverted from local ERs
Recovery Housing	Expand recovery housing continuum	Develop and/or increase all levels of recovery housing particularly L3 housing and pre-contemplation housing	# of additional beds added to the system by level of care
Suicide Prevention Services	Implement suicide prevention services and strategies targeting high risk populations	SOS and SOS Second Act will be implemented by 9/18; suicide marketing and training plans developed and implemented	# of students who complete SOS; # receiving a brief screening; # receiving a referral for treatment; # who report a change in beliefs and attitudes towards mental illness and symptoms of depression; # who report a reduction in suicidal thoughts and behaviors

Adolescent SBIRT Services	Screen students in targeted middle and high schools for alcohol and drug abuse as well as depression and anxiety symptoms, provide a brief intervention for those at moderate risk, and refer to treatment for those at high risk	Implement SBIRT services using Motivational Interviewing and partnering with area treatment providers	# that receive a screening; # that receive a brief intervention; # that receive a referral to treatment; # that increase knowledge regarding depression and substance use issues; # of youth who refuse drugs and alcohol; % decrease in suicide ideation and attempts
Early Childhood Mental Health	Decrease number of youth who are prescribed medications for behavioral problems	Implement Triple P (Positive Parenting Program) in lieu of prescribing medications for youth behavioral issues	# referred to program; # entering program; # completing program; decrease in # of medications prescribed for BH issues
Faith Based Prevention	Have faith based leaders actively participating in and implementing prevention services within their church communities	Implement "Building Prevention with Faith" toolkit to area church leaders	# of church leaders that participate in training and TA; # that implement the toolkit within their church communities
Rx Medication Safety Campaign	Decrease prescription medication abuse	Implement Generation Rx in elementary, teen, college, adults, senior citizens, patient settings, and workplace populations; Distribute medication lock boxes and medication deactivation disposal pouches	# trained in Generation Rx; # of med lock boxes distributed; # of med deactivation pouches distributed; % increase in knowledge about Rx med safety, storing, monitoring, and disposing procedures; % decrease of Rx drug misuse

Drug Free Work Place	Educate workplaces about substance abuse; develop legally sound DFWP policies and programs	Conduct DFWP programs targeting small to medium sized businesses	# of businesses that participate in DFWP trainings; # of businesses that develop DFWP policies; # of businesses that adopt a "Second Change" philosophy rather than zero tolerance

SIGNATURE PAGE
Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2018

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds, and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

_____

ADAMHS, ADAS or CMH Board Name (Please print or type)

_____ _____

ADAMHS, ADAS or CMH Board Executive Director Date

_____ _____

ADAMHS, ADAS or CMH Board Chair Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

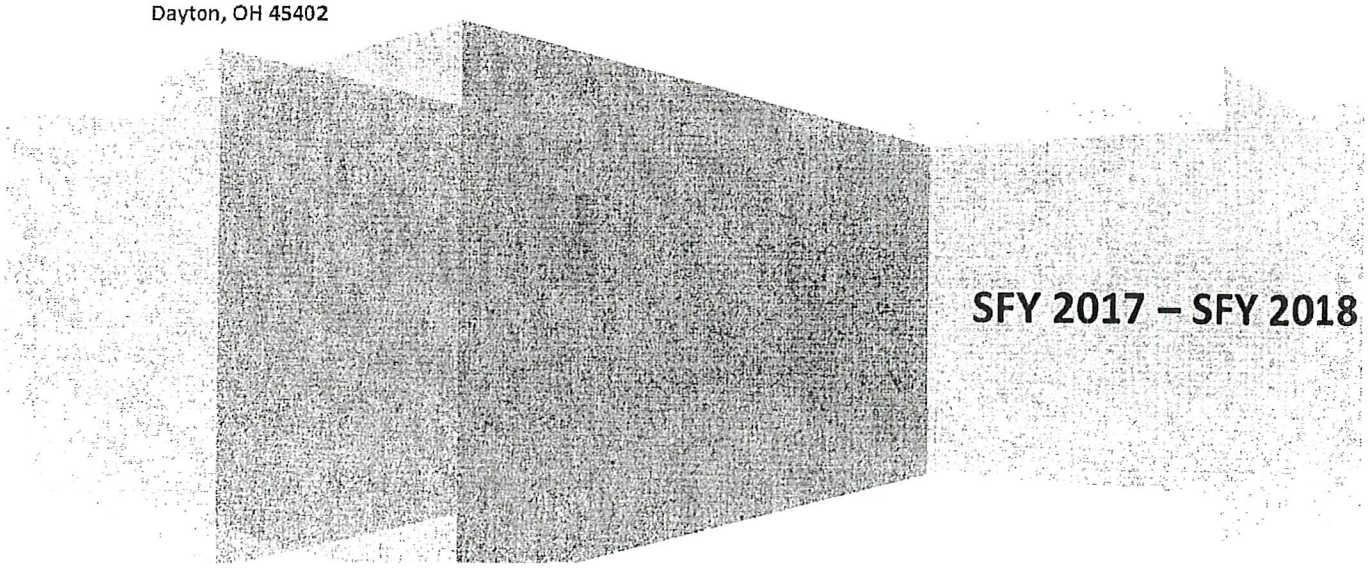
MONTGOMERY COUNTY
Alcohol
Drug Addiction
& Mental Health
Services

MONTGOMERY
COUNTY

Performance / Quality Improvement Plan

Helen Jones-Kelley, Executive Director

409 E. Monument Ave, Suite 102
Dayton, OH 45402



SFY 2017 – SFY 2018

Introduction

The Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County has the statutory responsibility for planning, coordinating, and distributing funding for and evaluating behavioral health services in Montgomery County. The impact of financial expenditures must be evaluated, and decisions to spend our Human Services tax dollars must be based on specific measurable outcomes.

ADAMHS Board for Montgomery County has designed a Performance / Quality Improvement Plan to focus public resources on the triple aim of improving the consumer experience of care (including quality and satisfaction); improving the brain health of the population; and reducing the per patient costs associated with behavioral health care through focus on prevention, treatment, and supported services. The Board is further committed to utilizing that public resources in the most efficient and effective manner while maintaining high quality services. To this end the performance system incorporates external evaluation of contract services and internal performance measures of the Board's administrative functions.

GOALS of Performance Quality Improvement Plan

- To improve coordination and access to a full continuum of substance abuse and mental health treatment and prevention services;
- To improve the quality of services for populations that have substance use and/or mental health disorders;
- To improve the quality of services that prevent individuals from ever suffering the consequences of substance use and mental health disorders;
- To allocate financial resources more efficiently and effectively;
- To improve the predictability of costs, thereby increasing the accuracy of the financial plan;
- To integrate the delivery of general medical and primary health care with behavioral health care;
- To expand services to a larger proportion of the Montgomery County population;
- To increase accountability for and systematically improve patient outcomes and;
- To increase collaboration efforts across government, non-profit, and for-profit entities within Montgomery County.

I. Performance Measurement and Management

The scope of the quality plan will include monitoring and reporting:

A. Continuous Quality Improvement (CQI) Structure

The Executive Director oversees the development, implementation, oversight and evaluation of the continuous quality improvement processes of the Board. The Executive Director serves as the conduit to the Board of Directors regarding the quality of the Board's system of care. Through this mechanism the Board of Directors will receive results of the CQI process to make informed decisions regarding the behavioral health needs of Montgomery County residents and other stakeholders as well as the business needs of the Board's network of care. Board staff is responsible for executing the continuous quality improvement activities. Board staff will review the plan annually and update it when necessary. Board staff and providers will be oriented to the CQI plan by the Director of Treatment and Supportive Services or her/his designee. All members of the Board of Directors receive a copy of the plan and it is included in the orientation of new Board members. The plan is available publicly through the Board's website (www.mcadamhs.org). Improvements to the plan will go to the ADAMHS Quality Council for submittal to the Executive Director who authorizes recommendation for policy development approval.

B. Quality Council

Select Board staff will comprise the CQI Council and will meet at minimum quarterly or as indicated to review and analyze CQI data and retain documentation of its activities. The functions of the CQI Council are to (1) review data by QA/QI Program Coordinator, (2) ensure the data collection system is available, reliable, valid, complete and accurate, (3) recommend feedback to contract providers.

CQI Council Members are as follows:

a. Executive Director
b. Chief Clinical Officer
c. Director of Business Operations / Chief Fiscal Officer
d. Director of Administrative Services
e. Director of Prevention and Early Intervention
f. Director of Treatment and Supportive Services

g. Director of Training
h. Program Coordinator; QA/QI
i. Other staff; as requested or for report-outs in specified areas

C. CQI Reporting

1. Monitoring reports will be distributed to senior leadership and other Board staff. External reports will be distributed to providers, as indicated. These reports may include but are not limited to the following.

Internal monitoring

- Financial Information (expenditures to budget, board operations budget)
- File Stat: Provider Profile
- Provider Satisfaction Survey Report

External monitoring reports

- Financial Audit of Contracted Agencies
- Compliance Reviews
  - Specific to non-Medicaid Services contracted through the ADAMHS Board for Montgomery County
- Client Satisfaction Survey Report
- Contract agency financial outcomes
- Contract agency clinical outcomes that measure effectiveness and efficiency of services and access to services
- Major Unusual Incidents (MUIs) and grievances
- Community Health Improvement Plan (partner with Dayton – Montgomery County Combined Public Health District)
- Annually agencies shall identify the implementation of evidence-based practices
- Ohio Behavioral Health (OHBH) system

2. An annual CQI summary on the data collected shall be written, available to the Board of Directors and kept at the Board office.
3. Reports from agencies are specified in the Board Agency Contracts.
4. A communication feedback loop between providers of contract services and the Board on established monitoring activities (financial & clinical outcomes, client satisfaction, etc.) is established, as indicated.

D. Efficiency and Effectiveness CQI

Findings may be reviewed in board and agency meetings to identify opportunities for improvement in efficiency and effectiveness within the behavioral health system of care. As indicated, meetings may be convened with other community partners to collaborate on system improvement that may entail macro community level system change or professional development. Efficiency measures may include: occupancy rates, retention rates, service delivery cost per service unit, length of stay, direct service hours of provider staff and personnel turnover. Effectiveness measures the quality of care through documenting change over time and may include: reduction of symptoms, reduction or elimination of the prevalence of a prevention target, improvement in school functioning, employment status, housing stability, involvement in criminal justice system, health status and quality of relationships.

E. Compliance

The Board quality plan shall comply with applicable state and federal guidelines that address access to services for priority populations through use of assurance statements with contracted providers.

F. Confidentiality

The Board will maintain client confidentiality in accordance with the federal Confidentiality Regulation 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR Parts 160/164, and other applicable state or federal law. Most summaries will be aggregated data.

II. Methodology

The following methodologies will be utilized to evaluate the effective and efficient use of Board resources.

A. Utilization Review encompasses review of documentation in client medical records to determine that the services delivered meet medical necessity criteria for appropriateness, frequency, supervision, intensity, duration, and level of care or setting. Utilization review activities ensure compliance to applicable local, state and federal regulations. Utilization review provides information on the distribution and use of resources.

B. Utilization Management addresses the system's overall strategy for managing service utilization by individual clients and by the system as a whole by using information system and financial data to determine aggregate service use patterns and trends through review of specific programs, services or level of care. It may include specific targeted reviews of high or low behavioral service utilization, gaps and service outcomes. It includes the management of complaints and grievances by consumers and providers.

The Board procedures may include, but are not limited to the following activities.

1. Utilization Data will be compiled and monitored. Trends will be reviewed for opportunities for improvement.
2. Independent Peer Review (AoD) – The Board arranges an annual independent peer review to assess the quality, appropriateness and efficacy of treatment services provided in the county to individuals in programs receiving Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. For agencies accredited by a national organization such as CARF, JCAHO or COA their accreditation report and certification will serve as documentation of independent peer review.
3. Financial Reports –The finance department will develop and produce online reports detailing the Board's operations budget.
4. Access to Services – Wait list management reports and no show rate data reported quarterly from contract providers to ADAMHS may be utilized to establish indicators and set benchmarks. Information Systems department may produce reports on Assessment to next face to face treatment contact (measures for CrisisCare and agency).
5. Client Satisfaction Surveys will be reviewed on a quarterly basis to measure clients' perception of timeliness of appointments, staff's respect of clients' cultural background and overall satisfaction with services.
6. Agency Referral Source Satisfaction – Providers' will at minimum annually survey referral sources, e.g., doctor, hospital, court, employer, social service agency, school, or another treatment or prevention provider, who send clients for services and report the aggregate results to the Board. The Board will review on a quarterly basis reports submitted by contract agencies.
7. ADAMHS Provider Satisfaction Survey will be conducted quarterly to assess provider satisfaction with key ADAMHS staff responsible for each of the functions where ADAMHS interacts on a routine basis with providers.

8. Ohio Behavioral Health (OHBH) System: Providers' will at minimum submit OHBH data on a fiscal quarter basis to OhioMHAS. The Board will review on a quarterly basis reports submitted by contract agencies to OHBH. The Board reserves the right to develop aggregate reports tracking OHBH data trends.
9. Grievance Process: The Board ensures that each agency has established grievance procedures that are approved according to the Ohio Department of Mental Health and Addiction Services. The Board will summarize and track total number of grievances in the system for use as part of a quality indicator data base. Aggregate data will be reviewed annually by the CQI Council.
10. Fiscal Audits: The Board will ensure each agency has submitted a financial audit conducted by an independent certified public accountant in accordance with Board policy.
11. Compliance Reviews: Treatment and other supportive services reviews may be conducted annually, but not less than every two years, on a sample of billing claims and client records for persons that have received ADAMHS funded services during the selected fiscal year. Review of contracted treatment and other supportive services will be conducted to verify that minimum service standards, and other contracted requirements, are met.

    The Board, not less than every two years, may visit all prevention funded agencies to review documentation supporting Board invoices and service data submitted to the Board via GOSH in accordance with Board and contracted policies. ADAMHS staff may randomly review services and activities representative of prevention service data, or prevention strategies. A prevention activity that has been funded at an agency will be reviewed for funding compliance.

    a. Corrective Action Reviews: ADAMHS may conduct periodic reviews of progress toward compliance for those agencies that, as a result of their compliance review, have failed to meet the Board's established compliance standard, and were required to submit a Corrective Action Plan.
    b. Walk-through Review: ADAMHS may conduct a walk-through survey of contract agencies, as indicated. For instances when ADAMHS would like to better understand the treatment process at an agency from a client/customer perspective, the reviewer(s) may walk through the services from first call for help, to intake, assessment, treatment, through discharge processes.
    c. Compliance Reviews Records Maintenance: ADAMHS will maintain both electronic and hard copies of essential documents related to each compliance review (Summary Report, Corrective Action Plans, ect.).
        i. ADAMHS will utilize certified mailing as the sole delivery method of Compliance

Review Summary Reports. Documentation of the certified mailing receipt by an agency are on file at ADAMHS.

12. Outcomes: The ADAMHS Board utilizes several outcome measures.
    a. ADAMHS may request from contract agencies a review of the agency's evidence-based practices (EBP) Fidelity Assessment reports provided by one of the Coordinating Centers of Excellence or Center for Evidence-Based Practices such as Assertive Community Treatment (ACT), Integrated Dual Disorder Treatment (IDDT) and Supported Employment.
    b. Deliverables Data: Specialized Contracts funded through ADAMHS may be required to submit milestone target and outcome reports specific to the project or services funded.
    c. Ohio Behavioral Health Data (AoD and MH): ADAMHS is working with Ohio Department of Mental Health and Addiction Services (OhioMHAS) and providers to continue collection of data from AoD contract agencies and to adopt the expanded OH-BH file with local contract providers of mental health services. This will provide an opportunity to analyze data in relation to National Outcome Measures (NOMs) on access, retention, employment, housing, criminal justice, and social connectedness.
    d. Other program specific outcomes data from contract providers may be requested by the Board or specified in the contract.

III. Training and Staff Development Activities

ADAMHS utilizes a training needs assessment survey of community providers to identify the training needs within the system of care and the community. Trainings that are available within the system are identified and upcoming training events are shared with the community stakeholders. In order to offer current relevant trainings that are cost effective and provide continuing education units, collaborations among community providers, neighboring Recovery Boards, state departments and educational institutions are desired whenever possible. Continuing education units (CEUs) and registered clock hours (RCHs) that address clinical licensure of community providers will be applied for when possible. Additional continuing education unit options from related disciplines (i.e. nursing, etc.) will also be explored as new trainings are developed to meet the growing system of care and community needs. needs."

IV. Plan Do Study Act (PDSA) Cycle to Define Problems and Identify Areas for Improvement

ADAMHS will utilize the Plan-Do-Study-Act (PDSA) cycle as a basic method for improvement. The PDSA cycle may also be called the scientific method because it is a process that generates knowledge through the process of experimentation.

Approval of Performance / Quality Improvement Plan FY2017 / FY2018

Quality Council

_____

Andrew Sokolnicki, Program Coordinator

Executive Approval

_____

Helen Jones-Kelley, J.D.
Executive Director; (5.4.2017)