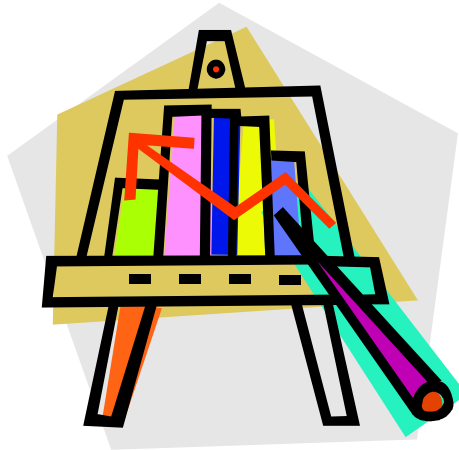


CEO

Impact of Economic Uncertainty on Community Mental Health Providers



ORGANIZATION NAME: _____

Return Completed Survey To:

Helen Anne Sweeney
Ohio Department of Mental Health
Office of Research and Evaluation Room 819
30 East Broad Street
Columbus OH 43215

CEO

**Ohio Department of Mental Health (ODMH)
Survey Instructions
Community Mental Health Agencies**

Thank you in advance for completing the following ODMH survey that focuses on how challenging economic times are affecting community mental health agencies.

Instructions

Please answer the questions to the best of your ability. Keep in mind that there are not any right or wrong answers. We value your input and are eager to learn what you have to tell us.

This survey should take between 60 and 90 minutes to complete. In responding, feel free to confer with others in your organization or consult your records. Also, remember that your responses will be kept confidential; any data reported will be in aggregate. If you prefer not to answer a particular question, please leave it blank.

As you will see, there are three sections in the survey:

- I. Agency Demographic Information (general background items about the agency),
- II. Resources (items concerning the agency's general, financial, personnel, and service resources), and
- III. Strategies (items about the agency's approaches to staff, services and operations).

Please complete all sections of the survey and return it in the addressed, business reply envelope within 15 working days. Please write or print legibly. If you have any questions or do not wish to participate, please contact Helen Anne Sweeney at 614.466.9981 or HelenAnne.Sweeney@mh.ohio.gov.

Again, thank you for your participation in this ODMH Office of Research and Evaluation study. We will share the results of the study with you when it is complete. We expect this study will make an important contribution to understanding the financial challenges of mental health organizations.

Section I. Agency Demographics Information

For Section I, please write-in or circle your response(s).

1 How long has the agency been in existence?	____/____ (Years/Months)												
2 What is the agency's current total number of FTEs?	_____ FTEs												
3 What is the size of the agency's total annual operating budget?													
<i>Check one response.</i>													
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 5px;">Less than \$2.7 million</td> <td style="padding: 5px;">\$2.7 million to \$7.9 million</td> <td style="padding: 5px;">\$8.0 million to \$11.9 million</td> <td style="padding: 5px;">\$12.0 million to \$19.9 million</td> <td style="padding: 5px;">\$20.0 million or greater</td> <td style="padding: 5px;">Don't Know</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Less than \$2.7 million	\$2.7 million to \$7.9 million	\$8.0 million to \$11.9 million	\$12.0 million to \$19.9 million	\$20.0 million or greater	Don't Know						
Less than \$2.7 million	\$2.7 million to \$7.9 million	\$8.0 million to \$11.9 million	\$12.0 million to \$19.9 million	\$20.0 million or greater	Don't Know								
4 What counties does the agency serve?	<i>Please list all counties that the agency serves.</i>												
5 How long have you worked for the agency?	____/____ (Years/Months)												
6 How long have you been the director/CEO of the agency?	____/____ (Years/Months)												
7 Is the agency operating with a current strategic plan?	<i>Circle one response.</i> Yes No Don't Know												
7a <i>If "Yes" to Question 7, when is the last time it was updated?</i>	____/____ Month)/(Year)												
8 Please indicate which of the following populations the agency services:													
<i>Check all that apply.</i>													
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 5px;">Children</td> <td style="padding: 5px;">Youth</td> <td style="padding: 5px;">Adult</td> <td style="padding: 5px;">Older Adult</td> <td style="padding: 5px;">Other (Please specify):</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Children	Youth	Adult	Older Adult	Other (Please specify):							
Children	Youth	Adult	Older Adult	Other (Please specify):									
9 How is the agency governed?	<i>Circle one response.</i> 1. Board of Directors 2. Other: Please specify												

Section I. Agency Demographics Information

<p>10 What certifications does the agency currently have?</p>	<p style="text-align: right;"><i>Circle all that apply.</i></p> <ol style="list-style-type: none"> 1. JCAHO CMHC 2. JCAHO Inpatient 3. CARF 4. ODJFS Residential 5. State-ODMH 6. State-ODADAS 7. Council on Accreditation 8. Other: Please specify <ol style="list-style-type: none"> 9. Don't Know 10. Does Not Apply
<p>11 How many employees are considered to be part of the agency's top management team?</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">(Number of Employees)</p>

12 **The decision-making process used by the agency's top management team can be best characterized as:**

Characteristic	Yes/No/Don't Know (DK)		
	<i>Circle one response for each characteristic.</i>		
Rule-oriented	Yes	No	DK
Interactive	Yes	No	DK
Participative	Yes	No	DK
Democratic	Yes	No	DK
Authoritative	Yes	No	DK
Consensus-building	Yes	No	DK
Facilitative	Yes	No	DK

Section I. Agency Demographics Information

13 **When making decisions and dealing with important issues, the agency's top management team:**

	Yes/No/Don't Know (DK) <i>Circle one response for each statement.</i>		
Follows written rules and procedures when addressing an important issue.	Yes	No	DK
Forms committees, such as ad hoc task groups to deal with important issues.	Yes	No	DK
Has all top manager team members participate in decision making on important issues on a regular basis.	Yes	No	DK
Typically has one or two people on the top management team handle important issues.	Yes	No	DK
Has a free and open exchange of ideas among team members about any important issues.	Yes	No	DK

14 **With regard to external developments, problems, crises, or events, the agency:**

	Yes/No/Don't Know (DK) <i>Circle one response for each statement.</i>		
Actively collects information (e.g., regulations, best practices, technology, and fiscal data).	Yes	No	DK
Has internal experts that collect and analyze information.	Yes	No	DK
Only collects information that may potentially affect the agency.	Yes	No	DK
Collects information on a regular basis that may or may not potentially affect business operations.	Yes	No	DK
Has access to external experts that provide information.	Yes	No	DK
Monitors changes on a continuous basis.	Yes	No	DK
Have subordinates that intensively use information (e.g., regulations, best practices, technology, fiscal data) that is collected from external sources.	Yes	No	DK

Section II. Resources

Part A: General Resource Questions

For *Section II, Part A*, please indicate your level of agreement with the following statements. Circle the number that most closely reflects your response using the scale below.

Strongly Disagree (SD)	Disagree (D)	Somewhat Disagree (SWD)	Neither Agree Or Disagree (N)	Somewhat Agree (SWA)	Agree (A)	Strongly Agree (SA)	Don't Know (DK)	Not Applicable (NA)					
1	2	3	4	5	6	7	DK	NA					
The agency:					<i>Circle one response for each statement.</i>								
					SD	D	SWD	N	SWA	A	SA	DK	NA
15	Has a choice about whether or not to address economic situations.				1	2	3	4	5	6	7	DK	NA
16	Relies on in-house experts to help address economic situations.				1	2	3	4	5	6	7	DK	NA
17	Has access to resources that can be used to resolve most economic situations.				1	2	3	4	5	6	7	DK	NA
18	Manages most economic situations instead of economic situations managing it.				1	2	3	4	5	6	7	DK	NA
19	Thinks that most economic situations can be controlled.				1	2	3	4	5	6	7	DK	NA
20	Is constrained in its ability to manage economic situations by other organizations, groups, or individuals.				1	2	3	4	5	6	7	DK	NA
21	Relies on outside experts to address most economic situations.				1	2	3	4	5	6	7	DK	NA
22	Cannot generate spare funds regardless of how carefully resources (e.g., staff, technology, training, funding) are managed.				1	2	3	4	5	6	7	DK	NA
23	Has found that its level of funding is not keeping pace with the rising costs of mental health care delivery.				1	2	3	4	5	6	7	DK	NA
24	Must frequently change the way services are delivered in order to be competitive with other mental health providers.				1	2	3	4	5	6	7	DK	NA
25	Manages to find extra resources that allow staff to try out some new services and programming concepts.				1	2	3	4	5	6	7	DK	NA
26	Cuts key programs and services because of lack of funds.				1	2	3	4	5	6	7	DK	NA
27	Does not have excess funds to allow staff to experiment with new programs and services.				1	2	3	4	5	6	7	DK	NA
28	Frequently changes technology in order to stay competitive.				1	2	3	4	5	6	7	DK	NA
29	Is struggling to survive financially.				1	2	3	4	5	6	7	DK	NA
30	Is in a state of decline.				1	2	3	4	5	6	7	DK	NA

Section II. Resources

Part B: Financial Resources

For Section II, Part B, please write-in or circle your response(s) regarding the agency's financial resources.

Please indicate your level of agreement with the following statements. Circle the number that number that most closely reflects your response using the scale below.

	Better Off (B)	Somewhat Better Off (SB)	Slightly Better Off (SLB)	About the Same (A)	Slightly Worse (SL)	Somewhat Worse (SW)	Worse Off (W)	Don't Know (DK)	Not Applicable (NA)				
										<i>Circle one response for each statement.</i>			
	B	SB	SLB	A	SLW	SW	W	DK	NA				
31	Compared to other mental health agencies, the agency's finances seem to be:				1	2	3	4	5	6	7	DK	NA
32	When compared to FY 2009, the agency's ability to acquire resources (e.g., staff, technology, training, funding) over the next 12 months is expected to be:				1	2	3	4	5	6	7	DK	NA

33 In the last 12 months, with respect to the agency's finances, I have been:

	Yes/No/Don't Know		
	<i>Circle one response for each statement.</i>		
Very concerned	Yes	No	Don't Know
Content	Yes	No	Don't Know
Worried	Yes	No	Don't Know
Frustrated	Yes	No	Don't Know
Pleased	Yes	No	Don't Know
Relieved	Yes	No	Don't Know

34 How will changes in the Medicaid fee schedule affect the agency's ability to deliver services in the next 12 months?

35 How will changes in the Medicaid fee schedule impact the agency's administrative burden?

Section II. Resources Part C. Staff Resources <i>For Section II, Part C, please write-in or circle your response(s) regarding staff resource changes.</i>	
36 Compared to FY 2008, did clinical staff turnover increase, decrease or stay the same in FY 2009?	<i>Circle one response.</i> Increase Decrease No Change DK NA
37 The agency frequently competes with other MH providers that are able to pay better and offer better benefits to attract and retain clinical staff.	<i>Circle one response.</i> 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree 4. Neither Agree or Disagree 5. Somewhat Agree 6. Agree 7. Strongly Agree 8. Don't Know 9. Not Applicable
38 In an effort to save money, the agency often replaces experienced clinical staff who leave the agency with less experienced staff to deliver services.	<i>Circle one response.</i> Yes No Don't Know
38a If "Yes" to Question 38, to what extent do clinical supervisors have additional case management responsibilities?	<i>Circle one response.</i> 1. No extent 2. Very Small Extent 3. Small Extent 4. Moderate Extent 5. Considerable Extent 6. Great Extent 7. Very Great Extent 8. Don't Know 9. Not Applicable

Section II. Resources
Part C. Staff Resources

39 **In the table below, indicate how the agency's FTE levels changed for clinical, support, and administrative staff between July 2008 and June 2009.**

If the agency's fiscal year is for a different 12-month period (e.g., January through December), indicate in the space below the start and end month and then answer the items based on the agency's fiscal year.

Alternative Fiscal Year	Starting Month:	Ending Month:
-------------------------	-----------------	---------------

- 1) *Number of FTEs As of First Month of FY 2009:* Enter the number of FTEs as of July 2008 (or starting month).
- 2) *Number of FTEs Vacated During Fiscal Year:* Enter the number of FTEs which became vacant for any reason including retirements, firings, or lay offs. If the FTE became vacant more than one time during the fiscal year, count the FTE once. For example, a person left; the vacant position was filled. The newly hired staff left. Count for this FTE should be one, not two. If no vacancies, enter "0".
- 3) *Number of FTEs Eliminated During Fiscal Year:* Enter the number of FTEs that the agency abolished in the fiscal year. If no positions eliminated, enter "0".
- 4) *Number of FTEs Created During Fiscal Year:* Enter the number of FTEs created during the fiscal year. If no positions created, enter "0".
- 5) *Number of FTEs Listed as Vacant June 2009:* Enter the number of FTEs which you have not currently filled and which you intend to hire within the next twelve months. If no vacancies, enter "0".

	(1)	(2)	(3)	(4)	(5)
Staff Type	Number of FTEs As of First Month of FY 2009 <i>Enter number for each type.</i>	Number of FTEs Vacated During FY 2009 <i>Enter number for each type.</i>	Number of FTEs Eliminated During FY 2009 <i>Enter number for each type.</i>	Number of FTEs Created During FY 2009 <i>Enter number for each type.</i>	Number of FTEs Listed as Vacant for Last Month of FY 2009 <i>Enter number for each type.</i>
Clinical					
Support					
Administrative					

Section II. Resources Part D: Services <i>For Section II, Part D, please write-in or circle your response(s) regarding service offerings and usage changes.</i>	
40 Demand for our agency's services has increased since FY 2008.	<i>Circle one response.</i> Yes No DK
40a If "Yes" to Question 40, as demand for services increases, to what extent do clinical supervisors have an increased case management load?	<i>Circle one response.</i> 1. No Extent 2. Very Small Extent 3. Small Extent 4. Moderate Extent 5. Considerable Extent 6. Great Extent 7. Very Great Extent 8. Don't Know 9. Not Applicable
41 Are you a Medicaid-only agency, i.e. staff only bill for Medicaid reimbursable services?	<i>Circle one response.</i> Yes No DK
42 If you are <u>not</u> a Medicaid-only agency, do you plan to become a Medicaid-only agency in FY 2010?	<i>Circle one response.</i> Yes No DK
43 Have you had difficulty coordinating referrals to publicly-funded health clinics during the last 12 months for consumers who have physical health problems <u>and</u> do not have insurance coverage for these problems?	<i>Circle one response.</i> Yes No DK
44 Have community level changes occurred that increased the demand for the agency services during the last 12 months?	<i>Circle one response.</i> Yes No DK

Section II. Resources
Part D: Services

44a ***If you answered "Yes" to Question 44, in the table below, provide information about community service changes in the local area.***

- 1) For *FY 2009*, circle the response that reflects how the community service category changed when compared to FY 2008.
- 2) For *FY 2010*, circle the response that reflects how the community service category is expected to change in FY 2010 when compared to FY 2009.

Community Service Category	(1) FY 2009				(2) FY 2010			
	Increased (I)/ Decreased (D)/ No Change (NC)/ Don't Know (DK)				Increased (I)/ Decreased (D)/ No Change (NC)/ Don't Know (DK)			
	<i>Circle one response for each service.</i>				<i>Circle one response for each service.</i>			
Food Bank Services	I	D	NC	DK	I	D	NC	DK
Homeless Shelter	I	D	NC	DK	I	D	NC	DK
Transportation Services	I	D	NC	DK	I	D	NC	DK
Foundation Support	I	D	NC	DK	I	D	NC	DK
Housing Services	I	D	NC	DK	I	D	NC	DK
Legal Aid/Legal Assistance	I	D	NC	DK	I	D	NC	DK
Police/Sheriff Protection	I	D	NC	DK	I	D	NC	DK
Vocational Education Services	I	D	NC	DK	I	D	NC	DK
Benefits Counseling	I	D	NC	DK	I	D	NC	DK
Financial/Credit Counseling Services	I	D	NC	DK	I	D	NC	DK
Vocational Rehabilitation (BVR, BVS)	I	D	NC	DK	I	D	NC	DK
Free Store/Clothing Bank/Dress for Success	I	D	NC	DK	I	D	NC	DK
Medication Assistance	I	D	NC	DK	I	D	NC	DK
Emergency Medical Services (e.g., ERs, EMT services)	I	D	NC	DK	I	D	NC	DK
General Medical Care (e.g., Health Clinics)	I	D	NC	DK	I	D	NC	DK
Respite Services	I	D	NC	DK	I	D	NC	DK
Dental Services	I	D	NC	DK	I	D	NC	DK
Other (Please specify):	I	D	NC	DK	I	D	NC	DK

Section II. Resources
Part D: Services

45 **In the table below, provide information about changes in the use of incarcerations/out-of-home placements for consumers that the agency serves.**

- 1) For *FY 2009*, circle the response that reflects how the use of incarcerations/out-of-home placements changed when compared to FY 2008.
- 2) For *FY 2010*, circle the response that reflects how the use of incarcerations/out-of-home placements is expected to change in FY 2010 when compared to FY 2009.

Incarceration/Out-of-Home Placement Category	(1) FY 2009					(2) FY 2010				
	Increased (I)/ Decreased (D)/ No Change (NC)/ Not Applicable (NA)/ Don't Know (DK)					Increased (I)/ Decreased (D)/ No Change (NC)/ Not Applicable (NA)/ Don't Know (DK)				
	<i>Circle one response for each category.</i>					<i>Circle one response for each category.</i>				
Child Foster Care/Children Group Homes	I	D	NC	NA	DK	I	D	NC	NA	DK
Department of Youth Services	I	D	NC	NA	DK	I	D	NC	NA	DK
State Psychiatric Hospitals	I	D	NC	NA	DK	I	D	NC	NA	DK
Private Psychiatric Hospitals	I	D	NC	NA	DK	I	D	NC	NA	DK
City Jail/County Jail	I	D	NC	NA	DK	I	D	NC	NA	DK
Prison	I	D	NC	NA	DK	I	D	NC	NA	DK
Adult Foster Care/Adult Group Homes	I	D	NC	NA	DK	I	D	NC	NA	DK
Hospice	I	D	NC	NA	DK	I	D	NC	NA	DK
Nursing Homes	I	D	NC	NA	DK	I	D	NC	NA	DK
Other: (Please specify)	I	D	NC	NA	DK	I	D	NC	NA	DK

Section II. Resources
Part D: Services

46 In the tables for Question 46a and 46b, provide information about insurance coverage changes for new and existing consumers that the agency serves.

- 1) For *FY 2009*, circle the response that reflects how the insurance coverage category changed when compared to FY 2008. If the insurance category increased or decreased, enter the estimated percentage change.
- 2) For *FY 2010*, circle the response that reflects how the insurance coverage category is expected to change in FY 2010 when compared to FY 2009. If the insurance category is expected to increase or decrease, enter the estimated percentage change.

46a

<i>New Consumers With:</i>	(1) FY 2009		(2) FY 2010	
	Increased (I)/ Decreased (D)/ No Change (NC)/ Don't Know (DK) <i>Circle one response for each category.</i>	Estimated % Increase/ Decrease <i>Enter %.</i>	Increased (I)/ Decreased (D)/ No Change (NC)/ Don't Know (DK) <i>Circle one response for each category.</i>	Estimated % Increase/ Decrease <i>Enter %.</i>
Insurance Coverage Category				
No insurance coverage	I D NC DK		I D NC DK	
Medicaid Coverage	I D NC DK		I D NC DK	
Medicare Coverage	I D NC DK		I D NC DK	
Medicare/Medicaid Dual Coverage	I D NC DK		I D NC DK	

46b

<i>Existing Consumers Who:</i>	(1) FY 2009		(2) FY 2010	
	Increased (I)/ Decreased (D)/ No Change (NC)/ Don't Know (DK) <i>Circle one response for each category.</i>	Estimated % Increase/ Decrease <i>Enter %.</i>	Increased (I)/ Decreased (D)/ No Change (NC)/ Don't Know (DK) <i>Circle one response for each category.</i>	Estimated % Increase/ Decrease <i>Enter %.</i>
Insurance Coverage Category				
Lost insurance coverage	I D NC DK		I D NC DK	
Switched from private insurance coverage to Medicaid	I D NC DK		I D NC DK	
Switched from no health insurance to Medicaid	I D NC DK		I D NC DK	
Began Medicare Coverage	I D NC DK		I D NC DK	

Section II. Resources

Part D: Services

47 In the table below, provide the following information about the agency services: services offered in FY 2009, service plans for FY 2010, and anticipated Medicaid Consumer Usage changes from FY 2009 to FY 2010.

- 1) For *FY 2009 Offered Service*, what services did you offer in FY 2009?
- 2) For *Next 12 Months, Plan to*: What services do you plan to offer?
- 3) For *Next 12 Months Medicaid Consumer Usage*, how do you expect Medicaid Consumer usage to change?

Service Category	FY 2009			Next 12 Months									
	(1) Offered Service Yes/No/Don't Know <i>Circle the response for each category</i>			(2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the response for each category.</i>						(3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the response for each category.</i>			
Assessment/Screening	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Case Management	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Community Support Program	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Counseling Therapy	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Crisis/Emergency	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Inpatient	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Intensive Outpatient	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Medical/Somatic	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Partial Hospitalization	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Prevention/Education	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Residential	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Vocational/Employment	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK
Other (Please specify):	Yes	No	DK	Intro	E	I	D	NC	DK	I	D	NC	DK

Section II. Resources
Part D: Services

48 In the table below, provide the following information about the best practices (BP) and evidence-based practices (EBP) the agency offered in FY 2009 and the BP/EBPs the agency plans to offer in FY 2010.

- 1) For *FY 2009 Offered Service*: What BP/EBPs did the agency offer in FY 2009?
- 2) For *Next 12 Months, Plan to*: What BP/EBPs does the agency plan to offer?

Best Practice/EBP Category	FY 2009			Next 12 Months					
	(1)			(2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle one response for each category.</i>					
	Yes	No	DK	Intro	E	I	D	NC	DK
Assertive Community Treatment	Yes	No	DK	Intro	E	I	D	NC	DK
Supported Employment	Yes	No	DK	Intro	E	I	D	NC	DK
Cluster-Based Planning	Yes	No	DK	Intro	E	I	D	NC	DK
Integrated Dual Diagnosis Treatment	Yes	No	DK	Intro	E	I	D	NC	DK
Intensive Home-Based Treatment	Yes	No	DK	Intro	E	I	D	NC	DK
Wellness Management and Recovery	Yes	No	DK	Intro	E	I	D	NC	DK
Multi-Systemic Therapy	Yes	No	DK	Intro	E	I	D	NC	DK
Integrated Co-occurring Disorders Treatment for Youth	Yes	No	DK	Intro	E	I	D	NC	DK
Mental Illness/Developmental Disabilities	Yes	No	DK	Intro	E	I	D	NC	DK
Tobacco and Recovery	Yes	No	DK	Intro	E	I	D	NC	DK
Other (Please specify)	Yes	No	DK	Intro	E	I	D	NC	DK

Section II. Resources	
Part D: Services	
48a	<i>If you answered "Yes" to Question 48, in the next 12 months, what are the three most important resource issues/challenges your agency faces in sustaining these best practices/EBPs?</i>
48b	In the next 12 months, what the three most important resource issues/challenges your agency faces in introducing best practices/EBPs?
49	What plans does the agency have to provide integrated physical health and other mental health services to consumers over the next 12 months?

II. Resources

Part E. Technology

For Section II, Part E., please write-in or circle your response(s) regarding the agency's current technology capability and plans to introduce and expand technological capabilities.

<p>50 Does the agency use computer technology to perform the following activities?</p>	<p style="text-align: center;"><i>Circle all that apply.</i></p> <ol style="list-style-type: none"> 1. Fiscal monitoring 2. Client tracking 3. Appointment scheduling 4. Program scheduling 5. Electronic communication (e.g., e-mail) 6. Performance/outcome monitoring 7. Clinical reference manuals 8. On-line consumer training 9. On-line staff training 10. Utilization management 11. Other (Please specify): 12. None 13. Don't Know
---	---

51 **In the table below, indicate if the agency:**

- 1) *Currently Has* any of the technological capabilities
- 2) *Plans to Introduce or Expand Capabilities in the Next 12 Months*

	(1) Currently Has Yes/No/ Don't Know (DK) <i>Circle the response for each capability</i>	(2) Plan to Introduce or Expand Capabilities in the Next 12 Months Yes/No/Don't Know <i>Circle the response for each capability.</i>
Technological Capabilities		
Video-conferencing	Yes No DK	Yes No DK
Tele-conferencing	Yes No DK	Yes No DK
Tele-medicine	Yes No DK	Yes No DK
Case-tracking	Yes No DK	Yes No DK
Financial software	Yes No DK	Yes No DK
Human resources software	Yes No DK	Yes No DK
Electronic health/electronic medical record	Yes No DK	Yes No DK
Other (Please specify):	Yes No DK	Yes No DK

III. Strategies

Part A: Collaborative Partnerships

In Section III, Part A, please write-in or circle your response(s) regarding the agency's plans for Collaborative Partnerships.

<p>52 In the next twelve months, does the agency plan to partner with other groups to provide services to consumers?</p>	<p><i>Circle one response.</i></p> <p>Yes No Don't Know</p>
---	---

52a ***If Yes to Question 52, in the table below:***

- 1) Please indicate if the agency plans to partner with any of the following groups in the next 12 months.
- 2) Indicate if the partnership is for new services, expansion of current service levels, new as well as expanded services, or retention of current service levels.

Partner	(1)			(2)			
	Plan to Partner			New Services (NS) Expansion of Current Service Levels (E) New as well as Expanded Services (NE) Retention of Current Service Levels (R)			
	<i>Circle one response for each Partner.</i>			<i>Circle one response for each Partner.</i>			
CDJFS	Yes	No	DK	NS	E	NE	R
Social Services (e.g., Children's Services, Adult Protective Services)	Yes	No	DK	NS	E	NE	R
Courts/Criminal Justice/Juvenile Justice	Yes	No	DK	NS	E	NE	R
County Commissioners	Yes	No	DK	NS	E	NE	R
Children's First Council	Yes	No	DK	NS	E	NE	R
Vocational Services	Yes	No	DK	NS	E	NE	R
Vocational Rehabilitation Services (e.g., BVR, BVS)	Yes	No	DK	NS	E	NE	R
Local Schools	Yes	No	DK	NS	E	NE	R
State Psychiatric Hospitals	Yes	No	DK	NS	E	NE	R
Other Mental Health Providers	Yes	No	DK	NS	E	NE	R
Federally Qualified Health Center	Yes	No	DK	NS	E	NE	R
Consumer Operated Services	Yes	No	DK	NS	E	NE	R
Peer Support Services	Yes	No	DK	NS	E	NE	R
Primary Health Providers	Yes	No	DK	NS	E	NE	R
Other (Please specify):	Yes	No	DK	NS	E	NE	R

III. Strategies

Part B: Operational Strategies

For Section III, Part B, please write-in or circle your response(s) to the operational strategies.

53 In the table below, indicate the following:

- 1) During *FY 2009*, did the agency use any of the operational strategies?

- 2) During the *Next 12 Months*, does the agency plan to undertake any of the operational strategies listed below?

Operational Strategy	(1) FY 2009 Use of Strategy <i>Circle one response for each strategy.</i>			(2) Next 12 Months Plans to Use Strategy <i>Circle one response for each strategy.</i>		
Merge with another agency or agencies	Yes	No	DK	Yes	No	DK
Close satellite office(s)	Yes	No	DK	Yes	No	DK
Acquire (e.g., buy or obtain) another agency or agencies	Yes	No	DK	Yes	No	DK
Provide administrative functions (e.g., fiscal, human resources, planning) for another or other agencies	Yes	No	DK	Yes	No	DK
Have another agency provide administrative functions (e.g., fiscal, human resources, planning)	Yes	No	DK	Yes	No	DK
Introduce new business line(s) (Please specify):	Yes	No	DK	Yes	No	DK
Have another provider acquire (e.g., buy or obtain) the agency	Yes	No	DK	Yes	No	DK
Change line of business from community health center to other type of center	Yes	No	DK	Yes	No	DK
Shift some services <u>to</u> Consumer Operated Services	Yes	No	DK	Yes	No	DK
Shift some services <u>from</u> Consumer Operated Services	Yes	No	DK	Yes	No	DK
Shift some services <u>to</u> Peer Support Services	Yes	No	DK	Yes	No	DK
Shift some services <u>from</u> Peer Support Services	Yes	No	DK	Yes	No	DK
Offer Consumer Operated Services	Yes	No	DK	Yes	No	DK
Offer Peer Support Services	Yes	No	DK	Yes	No	DK
Bring in a Federally Qualified Health Center	Yes	No	DK	Yes	No	DK
Merge with a Federally Qualified Health Center	Yes	No	DK	Yes	No	DK
Plan to close				Yes	No	DK
Other (Please specify):	Yes	No	DK	Yes	No	DK

III. Strategies

Part C: General Information about Agency Strategies

In Section III, Part C, please indicate your level of agreement with the following statements. Circle the number that most closely reflects your response using the scale below.

Strongly Disagree (SD)	Disagree (D)	Somewhat Disagree (SWD)	Neither Agree Or Disagree (N)	Somewhat Agree (SWA)	Agree (A)	Strongly Agree (SA)	Don't Know (DK)	Not Applicable (NA)					
1	2	3	4	5	6	7	DK	NA					
The agency:					<i>Circle one response for each statement.</i>								
					SD	D	SWD	N	SWA	A	SA	DK	NA
54	Perceives that benefits will come from the economic situation.				1	2	3	4	5	6	7	DK	NA
55	Labels the economic situation as something negative.				1	2	3	4	5	6	7	DK	NA
56	Has a good working relationship with the ODMH.				1	2	3	4	5	6	7	DK	NA
57	Feels that there is a high probability of gaining a great deal as a result of the economic situation.				1	2	3	4	5	6	7	DK	NA
58	Labels the economic situation as a potential gain.				1	2	3	4	5	6	7	DK	NA
59	Sees the economic situation as having positive implications for the future.				1	2	3	4	5	6	7	DK	NA
60	Labels the economic situation as something positive.				1	2	3	4	5	6	7	DK	NA
61	Has a good working relationship with the local mental health board.				1	2	3	4	5	6	7	DK	NA
62	Sees the economic situation has having negative implications for the future.				1	2	3	4	5	6	7	DK	NA
63	Feels that there is a high probability of losing a great deal as a result of the economic situation.				1	2	3	4	5	6	7	DK	NA
64	Feels certain about which strategies would be best for dealing with resource-related problems.				1	2	3	4	5	6	7	DK	NA
65	Has all the information necessary for making resource-related decisions (e.g., hiring, purchasing equipment/technology, starting new programs, and providing training).				1	2	3	4	5	6	7	DK	NA
66	Has a good working relationship with other mental health providers.				1	2	3	4	5	6	7	DK	NA
67	Knows whether responses (e.g., programs, policies, cut-backs) to changes in the economy are effective.				1	2	3	4	5	6	7	DK	NA
68	Is in doubt about how to obtain the information needed for making resource-related decisions.				1	2	3	4	5	6	7	DK	NA
69	Finds that changes in the economy directly affect resource-related decisions (e.g., hiring, purchasing equipment/technology, providing training, and starting new practices).				1	2	3	4	5	6	7	DK	NA

III. Strategies

Part D: Additional General Information about Agency Strategies

In Section III, Part D, please write-in your responses to the following questions.

70 **How and to what extent can the agency's top management team construct the agency's future?**

71 **What things might the agency's top management team do to change the mental health system to benefit consumers?**

III. Strategies

Part D: Additional General Information about Agency Strategies

In Section III, Part E, please write-in your responses to the following questions.

72 Please indicate the agency's priority assigned to the changes described in *Question 71* and provide a brief description of the rationale for the rankings.

73 What resources would the agency need to implement the top three to five priorities that were identified *in Question 72*?

SURVEY NO: