

HARNEY COUNTY BIENNIAL IMPLEMENTATION PLAN 2013-2015

During this current biennium Harney County elected to change the Community Mental Health Program (CMHP) from a county department into a private not for profit named Symmetry Care (SC). This occurred on July 1, 2011 with a contract between Harney County and SC for the provision of all behavioral health services associated with the Community Mental Health Program (CMHP). While this was a significant change for the administration of the CMHP, this has not been a significant change for the individuals receiving services. The staffing and programs have remained in place, and with the increased flexibility of a non-profit, more programs are being added. This has also helped with the transition to the Coordinated Care Organization (CCO) models of integrated health care. The non-profit model is less cumbersome in reacting to the changes required as CCO's come on line with contract, and service delivery challenges. Overall the change has been beneficial for this community, and there is optimism about the future of continued successful treatment programs.

The Local Mental Health Authority (LMHA) resides with the Harney County Court which has two Commissioners and one County Judge. To ensure that the LMHA stays connected to the CMHP, Steve Grasty, the County Judge, is an ex-officio member of the SC board of directors. Additionally Commissioner Pete Runnels is the current chair of the Harney County Mental Health Advisory Committee, which reports to the LMHA in regards to behavioral health services and programs for this community. These are areas of strength for the LMHA, as it continues to play an important role in ensuring excellent community based behavioral health care for Harney County citizens. An area of concern regarding LMHA's across the state is their new role with advent of CCO's. It does not appear clear what authority remains local with the state approving CCO's and LMHA's only having a Memorandum of Understanding (MOU) with the assigned CCO in that area. What would happen if the LMHA did not agree with the CCO operation and refused to sign the MOU? This would create a very unstable situation that could severely impact the delivery of behavioral health services.

In completing the community needs assessment portion of this plan several things occurred. First, a local health advisory group was surveyed regarding behavioral health; possible barriers to accessing treatment, and whether or not they felt overall health integration would improve health outcomes. Additional information used for this plan comes from the Office of Rural Health, health status data from June 2012. The survey and health status data were reviewed to determine common areas of need and integrated into planning process.

To address part 1 of this plan a brief overview the particular service areas identified will be provided.

PART 1: SYSTEM NARATIVE

Mental Health Promotion:

SC has consistently been a provider of evidence based programs that promote positive mental health for the individuals served. These programs include Peer Support Services for the severely mentally ill clientele, therapeutic foster care for youth with significant emotional and behavioral concerns, a fitness group at the local gym for drug addicted people, and Dialectical Behavioral Therapy groups for women with personality disorders. The overall treatment approach is recovery oriented and designed to help people so that they can learn to use natural supports in their daily life. There is a strong emphasis on involving the family whenever possible so that parents can learn how to support their children in a healthy manner. This is especially true for the families with substance abuse issues who are involved in the Child Welfare system. New programs being started include Assertive Community Treatment (ACT) and Supported Employment.

Mental Illness, Substance Abuse and Problem Gambling Prevention:

SC has an active prevention component as part of its programs. A prevention coordinator is employed to oversee all prevention programs which include managing a Drug Free Communities grant. Programs

include gambling prevention advertising, compliance checks of local businesses who sell alcohol, funding for Red Ribbon Week activities, and partnering with the local tribe on prevention activities. The prevention program received a recent site review from state prevention personnel who reported that "Symmetry Care Inc. demonstrates significant strengths in its delivery of services and remains an important part of the community's alcohol and other drug prevention system". Prevention actions are identified in SC's Strategic Prevention Framework and includes local partnerships with Harney Partners for Kids and Families, the Paiute Tribe, and the Commission on Children and Families. Mental health prevention is also addressed through projects such as Reinforcing Positive Youth, mental health risk assessments for students who have been referred due to threatening behavior at school and working as part of the local Health Integration Team with individuals at high risk of severe physical and behavioral health problems.

Early Intervention:

Early intervention programs include: mental health risk assessment for students, use of the Early Childhood Service Intensity Instrument in evaluating children under the age of 5, use of the Child Adolescent Service Intensity Instrument for children over 5, therapeutic foster care for youth placed out of the home and at risk of residential care, and a contract for family services with the local Early Childhood Center. Early intervention services for adults include Peer Counseling programs, psychiatric foster care and residential treatment as alternatives to hospitalization, adult and child psychiatric treatment, and case management.

Treatment and recovery:

As stated previously all treatment programs are recovery oriented with the intention of assisting individuals to be as independent as possible. To that end SC operates a dually diagnosed residential program for SMI individuals who are leaving State Hospital programs. The residential program offers intensive addiction and mental health treatment and helps transition these individuals into successful community placements where they can live outside on an institutional placement. The lengths of stay are typically between 6 months and 1 year. Many of our clinicians are dually credentialed with both substance abuse and mental health backgrounds. This means that they can be the primary clinician and not have to split treatment services up between providers.

Crisis and respite services:

SC offers crisis services 24 hours per day 365 days per year. A QMHP is on call and responds to the hospital or clinic as needed to do crisis evaluations, civil commitment procedures, emergency placements etc. Our crisis workers coordinate with emergency department physicians and other medical personnel to determine appropriate treatment or placement options for those individuals experiencing acute psychiatric distress. At times the residential facility can be used for respite care for an adult who may otherwise require placement in a secure psychiatric facility. SC works closely with Greater Oregon Behavioral Health (GOBHI) in finding respite placements for children who have been removed from their home. GOBHI is an approved child placement agency who licenses homes throughout Oregon.

Services available to required populations and specialty populations:

SC has services available for all groups identified as "required populations". In this community special attention is paid to children with serious emotional disorders, SMI adults and substance abusing parents with dependent children. To address these populations, combinations of individual, group and family therapies are employed for maximum benefit. Activity therapy, socialization events, and peer counseling services have been especially helpful to clients with severe psychiatric illnesses.

In addition to the required populations SC also targets "specialty populations" such as adolescents with substance abuse/mental health disorders, American Indians, persons with mental illness involved in the criminal or juvenile justice system, persons with substance abuse/mental disorders from rural communities, and persons with disabilities.

Activities that support individuals in directing their treatment services and supports:

To ensure that individuals receiving care are actively engaged in directing their treatment services, SC has adopted strategies that promote client participation. First, all clinician offices have been outfitted with large wall mounted monitors that can be viewed by the client. In this way concurrent documentation can be done with client observing and commenting on the clinician's written statements about the session. SC utilizes Credible a behavioral health focused electronic record that is easy to follow and understand. Individual service and support plans are done with the client and require their signature. Updates to these plans are done in session with the client so that they can see the progress they are making and what treatment services will be provided. This style of treatment has opened up the sessions so that an active exchange occurs between the clinician and client, and treatment stays focused on achievable objectives.

Role of the LMHA and any sub-contractors in the delivery of mental health and addictions services:

The LMHA has contracted all CMHP roles and responsibilities to SC. The LMHA does not provide any direct services. Symmetry Care does not utilize sub-contractors in the provision of its programs.

LMHA collaboration with CCOs:

The LMHA has signed a Memorandum of Understanding with the Eastern Oregon Coordinated Care Organization (EOCCO) as the only CCO in this community. This CCO is a partnership between GOBHI a Mental Health Organization and ODS an insurance provider. The director of Symmetry Care is a board member of the EOCCO and will represent the LMHA, the local hospital and SC on this board. Both County Judge Steve Grasty, and Commissioner Pete Runnels have been active in addressing CCO issues such as governance and payments structures. The CCO function is relatively new and has not gone smoothly in the areas of provider payments, and establishing the functions the EOCCO board. These issues are being addressed and will hopefully resolve quickly.

Mental health advisory and LADPC membership:

Harney County has elected to combine the mental health advisory and local alcohol and drug planning committees into one group. This is called the Harney County Mental Health Advisory Committee. It includes a wide range of representation to encourage diverse perspectives on the needs of this community. The membership is as follows:

1. Pete Runnels/chair-Harney County Court
2. Angie Temple/vice chair-Supervisor Child Welfare
3. Brian Bowman-Minister Nazarene Church
4. Dave Glerup-Harney County Sheriff
5. Cheryl Norton-Discharge Planner Harney District Hospital
6. Jennifer Yekel-Case Worker Self Sufficiency
7. Tim Colahan-District Attorney
8. Randall Lewis-Paiute Tribe Representative
9. Gail Buermann-Crane Schools Superintendent
10. Stacie Rothwell-Clinic Manager
11. Billy Gifford-Consumer representative
12. John Copenhaver-Director Juvenile Department

Part 2. Community Needs Assessment

The community needs assessment involved surveys of local advisory groups, clients who had completed services, and included information from the Office of Rural Health and the Oregon Health Authority. All of this data was reviewed to determine if there were consistent themes that could be identified showing behavioral health needs, strengths and weaknesses of current programs, and opportunities to improve access. Peers and family members of consumers are represented in the survey data especially related to

the client end of service survey. A blank “End of Service Client Satisfaction Survey” has been attached for review. In addition to client surveys, a “Behavioral Health Community Needs Survey” was also distributed to both the local Community Advisory Council and the Mental Health Advisory Committee. A sample of this survey is also attached. The data from the OHA’s Harney County’s Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2012 was very useful as it contained information specific to youth and adults and included substance abuse statistics.

Several of the prevalent themes identified in the planning process were the concerns about maintaining confidentiality in a small community, increased depression for youth in eighth grade as compared to eleventh graders, adult mental health satisfaction higher than state average, parental attitudes more favorable to youth alcohol consumption than state average, and general satisfaction with current behavioral health programs. The Behavioral Health Community Needs Survey was extremely enlightening regarding how individuals would feel about themselves or a family member enrolling for services at SC. It is clear that confidentiality and visibility are major concerns for local people when considering mental health services locally. It is also concerning that students are experiencing higher levels of depression in junior high. On a positive note 75.9% of Harney County Adults report having good mental health as compared to the state average of 66.4%. The end of service surveys were generally very positive about the individual’s treatment experience and demonstrated that the current SC clinicians are doing an excellent job. Overall the data gathered was very informative about where services are today and what the needs are for the future. Plans to improve several of these areas will be addressed in part 3 of this document.

Part 3. Strengths and Areas for Improvement

Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
a) Mental Health Promotion	This is an area of strength for this agency. Current programming has been shown to be effective in helping individuals become more self-reliant. Several previous consumers are now employed by this agency in a variety of different positions such as peer counselors, line and supervisory staff at Independence Place, and grounds keeper.	Symmetry Care will plan to maintain existing programs and add Therapeutic Foster Care, ACT and Supported Employment
b) Mental Illness Prevention	This is an area for improvement.	Much of the focus has been on substance abuse prevention and more could be done to address mental health concerns. Because the recent data from the OHA shows high levels of depression in 8 th grade students SC will be working with our local junior high staff on determining what could improve this. We will provide them with resources about spotting depression in students and on how they can better

		access our services if needed.
c) Substance Abuse Prevention	This is an area of strength.	SC will continue with existing prevention programs and will be re-applying for the Drug Free Communities grant.
d) Problem Gambling Prevention	This is an area of strength.	SC includes gambling prevention activities in its overall addictions prevention plan.
e) Suicide Prevention	This is an area for improvement.	Data from the Oregon Health Authority shows that Harney County consistently has a higher rate of suicide as compared to the state average. To address this SC will be providing increased education to the general community about treatment for depression, and identifying risk factors for suicide.
f) Treatment: Mental Health Addictions Problem Gambling	This is an area of strength. SC will be continuing to offer existing programs and services.	New programs to be added include: ACT, Supported Employment, Therapeutic foster care, and a private practice model for clients with concerns about confidentiality. As identified in the Community Needs Assessment Survey the issue of privacy in accessing mental health care is extremely important. To address this, SC will be opening a satellite office that will be operated like a private practice. The parking and entry will be private so that people do not have to worry about being identified when coming to appointments. Harney County is also re-applying for the Drug Free Communities grant which will continue to support prevention programs. Gambling treatment will also continue with the support of gambling funds.
g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)	This is an area of strength.	SC utilizes Peer Mentors for both mental health and addiction clients. Peers provide one on one support, facilitate a weekly drop in center, provide crisis support and arrange for social events for clients. SC also relies on local primary care physicians to take over medication management for clients that no longer require psychiatric

		services. Addiction services are all recovery based and include weekly relapse and recovery groups, and development of individual recovery plans.
h) The LMHA's Quality Improvement process and procedure	This is an area of strength.	SC has an internal Continuous Quality Improvement Committee with staff representatives from all aspects of the agency. The committee oversees a Quality Improvement Plan that is approved by the Mental Health Advisory Committee. Areas such as clinical outcomes, access to services, client satisfaction and complaints are reviewed and monitored.
i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies	This is an area of strength.	SC owns the building and rents the bottom floor to Parole and Probation. Mandated clients can simply come upstairs when referred for services. SC and Child Welfare have regularly scheduled staffing's together to review joint case plans. SC's location is one block to the hospital one block to the courthouse and one block to the medical offices. A local health integration team has been operating since before the CCO's were established to develop community wrap around plans for clients that are high Medicaid utilizers in this community.
j) Behavioral health equity in service delivery	This is an area of strength.	SC is a co-occurring treatment program that philosophically believes in a holistic treatment experience. No one behavioral health service is more or less valuable than another. Addiction treatment services are integrated into mental health treatment whenever there is a need. Many of our clinicians are both credentialed in mental health and addiction treatment. Our electronic medical record allows service plans to be fully integrated and seamless.
k) Meaningful peer and family involvement in service delivery and system development	This is an area of strength.	SC has operated peer delivered services for several years now. Are peer counselors are certified through the Greater Oregon Behavioral Health peer certification process. The work they do is meaningful and contributes greatly to the effectiveness of our treatment programs.

		Peer counselors have been promoted into other positions within the agency. They serve on our Board of Directors as well as on our Mental Health Advisory Committee. Family members have also been involved as advisory board members.
l) Trauma-informed service delivery	This is an area of strength.	SC recognizes the impact that trauma has in relation to mental health difficulties. To address this clinicians receive training in trauma care, and are very qualified in providing trauma informed treatment. Trauma concerns are explored as part of the initial mental health assessment so that a proper diagnosis and treatment recommendations can be made. SC has a policy and procedure regarding trauma informed treatment.
m) Stigma reduction	This is an area for improvement.	Community surveys indicate that people would be concerned about coming to Symmetry Care because of fears related to confidentiality. A perception exists that in this small community even parking their car at the SC office would be noticed and raise questions. To address this SC is proposing to open a private satellite office that has off street parking and a private entrance. The utmost confidentiality will be stressed so that professionals in the community such as law enforcement personnel, medical personnel and others will feel comfortable in accessing services. The office will be set up to be comfortable, private and professional. Our on line medical record can be accessed from anywhere so that the clinician will not need to come to the main office to complete documentation. Individuals will not need to be in contact with anyone other than their clinician. This should feel much more like a private practice setting.
n) Peer-delivered services, drop-in centers and paid peer support	This is an area of strength.	SC peer counselors are paid and do operate a drop in center. They are given much responsibility and even drive SC vehicles when picking up or dropping off clients. A former peer counselor is now a shift supervisor at the residential program,

		and another peer was just hired as permanent part time Life Skills Trainer at the residential program. There is a peer volunteer program as well that trains peers for paid peer counselor positions.
o) Crisis and Respite Services	This is an area of strength.	SC has full time crisis services available. There is a contract with ProtoCall Services in Portland that screens initial after hours calls to determine if an emergency exists. If needed they contact the on call QMHP locally to respond to the crisis. Our QMHP staff is trained in mental health holds and commitment procedures and work with the local hospital if a person requires an involuntary admission. All efforts are made to avoid acute care admissions. Respite services can be provided at the local residential program if clinically appropriate. Our on call staff also works with Child Welfare workers if a child is in crisis and is at risk of leaving the home. SC houses the Regional Youth Resource Program which identifies at risk youth and finds appropriate placements as needed. SC recently developed a Therapeutic Foster Care home that could be available for respite services if clinically appropriate.

Part 4. Performance Measures

1) Current Data Available		
Performance Measure	Data Currently Available	Current Measures (If available)
a) Access/Number of individuals served	SC has served 665 individuals since July 1, 2011. These people were served in outpatient mental health, outpatient addictions treatment, adult foster care, or adult	Currently SC has about 220 enrolled clients in our treatment programs. Our EMR allows us to quickly view the daily census and caseloads.

	residential care.	
b) Initiation of treatment services – Timely follow up after assessments	SC has set a performance standard in our contract with the LMHA that 80% of new clients will be seen within 7 days after their initial assessment. To date we are seeing 91% of new clients within that timeline. This data has been tracked since Dec. of 2011.	This data is tracked monthly.
c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation	SC does track treatment engagement by monitoring how many active clients have received a service in the past 30 days. This is done on a report generated by the EMR.	As of 2/26/13, 89.3% of all active clients have received a treatment service in the past 30 days.
d) Facility-based care follow up - % of individuals with follow up visit within 7 days after (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential	Follow up services after a psychiatric hospitalization or discharge from residential care is tracked. This data is important as outcomes are greatly improved if the individual can access ongoing services to support their step down from inpatient or residential care.	Because we operate a residential program 100% of the planned discharges from that program that are remaining in this community receive a follow up visit within 7 days. SC also ensures that 100% of clients returning from a psychiatric hospital are seen within 7 days. There are very few hospitalizations that occur.
e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential	This is currently not tracked as clients are often discharged from our residential program back to their home community and are no longer monitored within our system.	No current data
f) Percent of participants in ITRS reunited with child in DHS custody	There are very few families enrolled in this program. This data was found by contacting the local Child Welfare office regarding whether or not the children were reunited with their parents.	Currently 25% of families have been reunited. This unfortunately is a low number and hopefully this will improve in the next biennium.

a) Percent of individuals who report the same or better housing status than 1 year ago.	This data is not tracked	No current data
b) Percent of individuals who report the same or better employment status than 1 year ago.	Not tracked	No current data
c) Percent of individuals who report the same or better school performance status than 1 year ago.	Not tracked	No current data
d) Percent of individuals who report decrease in criminal justice involvement.	Not tracked	No current data
e) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program.	ADP information is provided to SC monthly by the state so that individuals in the State Hospital can be monitored.	Currently this county is below the target ADP.
f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target	This information is also provided by the state on a monthly basis.	At this time this county does not have anyone on the "ready to place" list.
g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.	SC has an approved prevention plan that was recently review during the state's prevention site review 12/19/12. The goals and objectives are being met, but a percentage has not been applied.	SC will need to review the goals and objectives so that completion percentages that are meaningful can be applied.

Plans to Incorporate Performance Measures

Describe the LMHA plan to actively incorporate the performance measures into planning, development and administration of services and supports:

The LMHA in Harney County in its contract for CMHP services requires that performance measures be established to ensure that quality services and programs are established and implemented. Symmetry Care has been able to use these measures guide the creation of internal systems that improve overall care. For example client retention is greatly influenced by how quickly a client receives a follow up appointment after their initial assessment or screening. Our performance standard is to do this within 7 days for 80% of our new clients. We are at 90%. This is improving our overall client retention and reducing no shows. Symmetry Care will continue to evaluate data from the performance measures identified in this plan and even measures that are not included to determine how programming can be improved. This will be the responsibility of our Quality Assurance Committee and our administrative team.

Part 5. Budget information: In addition to the state funds identified on the following budget template \$75,000 are included in the "other" column from Eastern Oregon Human Services Consortium to supplement indigent client services. These funds support our peer programs, pay for services that clients would not be able to afford themselves, and cover the costs of client special needs.

Biennial Implementation Plan (BIP)

Planned Expenditures 2013 - 2015 (Based on historical allocation)

Budget

Period: 7-01-2013 -- 6-30-2015

Date Submitted:

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other	Total	Carry-over Amount
Behavioral Health Promotion and Prevention	Mental Health	Adults	\$17,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Children	\$19,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)



Mental Health					\$10,000.00		
	Adults	\$170,000.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00
	Children	\$80,000.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00
Alcohol and Other Drug					\$10,000.00		
	Adults	\$113,000.00	\$8,000.00	\$0.00	0.00	\$0.00	\$0.00
	Children	\$70,430.00	\$4,900.00	\$0.00	0.00	\$0.00	\$0.00
Problem Gambling		\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



Continuity of Care and Recovery Management

Mental Health		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alcohol and Other Drug		\$80,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Peer-Delivered Services

		\$0.00	\$0.00	\$0.00	\$20,000.00	\$0.00	\$0.00
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Administration

		\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Other (Include Description)

		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Total

		\$788,590.00	\$12,900.00	\$0.00	\$75,000.00	\$0.00	\$876,490.00
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*AMH Flex Funding
 includes State General
 Fund, State Beer and Wine
 Tax, Lottery Funds, SAPT
 Block Grant and Mental
 Health Block Grant

2) Special Funding Allocation		
Area	Allocation/Comments	Review
a) Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment	As required by ORS 430.359(4) Symmetry Care does continue to receive county funds allocated for addictions treatment and	Yes

<p>services.</p>	<p>prevention. The amount of funds is not less than previously received.</p>	
<p>b) Use of lottery funds allocated for Problem Gambling prevention and treatment.</p>	<p>Symmetry Care does continue to receive funding for gambling treatment and prevention. These funds support anti-gambling advertisement campaigns, and treatment services provided by qualified staff.</p>	
<p>c) Use of funds allocated for alcohol and other drug use prevention.</p>	<p>Symmetry Care does receive state prevention funds which are used for alcohol and other drug use prevention programs. This includes prevention advertising, support for drug free activities, prevention coordination services, and collaboration with other local organizations such as the Burns Paiute tribe.</p>	

Attachments:



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END OF SERVICE CLIENT SATISFACTION SURVEY

Your responses to this survey are confidential. Your identity is unknown, and a number has been assigned to your survey for bookkeeping purposes only. We appreciate your responses, these will aid us in improving our services to better meet your and the communities' needs.

What is your gender? Male _____ Female _____

What is your age? 15-24__ 25-44__ 45-64__ 65+__

What services did you receive? Addictions _____ Mental Health _____
Other (Describe) _____

How long did you receive services? Years _____ Months _____

Were services voluntary or mandated? Voluntary _____ Mandated _____

Who was your primary clinician? _____

CLINIC SATISFACTION:

Rate the following statements using the following scale:

1=very true 2=true 3=somewhat true 4=untrue 5=very untrue

The intake process was clear and understandable. _____

The clinic was open adequate hours for me to conveniently receive services. _____

The reception area and waiting room were clean and comfortable. _____

My privacy was respected. _____

Services were affordable. _____

Payment terms were reasonable. _____

Billing statements were understandable. _____

SERVICES SATISFACTION:

Rate the following statements using the following scale:

1=very true 2=true 3=somewhat true 4=untrue 5=very untrue

- My first appointment was scheduled in a timely manner.
- I was involved in my treatment planning.
- My Clinician was knowledgeable about my needs.
- My symptoms / issues improved or resolved.
- The services I needed were available.
- I would return for services if needed.
- I would recommend Symmetry Care to others.

COMMENTS:

What was your best experience while in services at Symmetry Care?

What was your worst experience while in services at Symmetry Care?

Do you have any additional comments or suggestions to help us improve our services?

BEHAVIORAL HEALTH COMMUNITY NEEDS SURVEY

As the local Community Health Program in Harney County, Symmetry Care is required to complete a biannual plan regarding the provision of behavioral health services in this community. As part of this plan a community needs assessment is done which includes feedback from other advisory groups about local behavioral health needs. Please take a few moments to briefly answer the questions below so that your input can be used in this planning process.

1. If you or a family member wanted to access mental health services in this community would you feel comfortable enrolling in services locally? If not please give reasons as to why.
2. Do you see a need for a specific behavioral health service or program in this community? Please describe.
3. With the recent emphasis on integrated overall health care, do you feel that this will ultimately improve health care outcomes? Please explain.