



















**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

VBCMHA wide objectives to assure accessibility of services.

OBJECTIVES	MEASUREMENT	STATUS
1. At least 95 % of new person will receive a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service	Performance Indicator Report	 Occurred 100% 794 of 794
2. At least 95 % of new persons will start needed on-going service within 14 days of a non-emergent assessment with a professional.	Performance Indicator Report	 Occurred 100% 362 of 362
3. 95% of individuals who are Medicaid or indigent who are discharged from inpatient shall be seen within 7 days for follow up care.	Performance Indicator Report	 Occurred 100% 41 of 41
4. 95% of persons requesting a pre-admission screening for psychiatric inpatient care will receive a disposition within 3 hours.	Performance Indicator Report	 Occurred 98.6% 141 of 143
5. Penetration rates for children with Medicaid will increase over FY 06 in line with Venture objectives. Targets will be set in Jan 09 for “vulnerable” children; children with SED; children with DD and children with both SED and DD.	Venture Performance Improvement project report	 Occurred. 2% increase in children served. Highest total number ever.
6. Penetration rate for the percentage of Van Buren Medicaid recipients receiving a Van Buren Community Mental Health service will be above 6 percent.	Performance Indicator Report	 Occurred. 5.1% increase in persons with Medicaid served. Enrollees in Medicaid stayed about equal to previous year.
7. Continue pilot of Teen Screen at Bangor school based health center. Explore expansion of TeenScreen services to other schools.	Internal Report	 Occurred. 75 students screened. Will be expanding as part of Youth Suicide Prevention Grant.
8. Penetration rates for persons over age 65 will increase.	Internal Reports	 Occurred. 1.5% increase in persons over age 65 served.





**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

VBCMHA wide objectives to assure services are of high value to customers and stakeholders.

OBJECTIVES	MEASUREMENT	STATUS
1. Customer Satisfaction as demonstrated on the MHCA survey will have a grand mean above 3.5 (3=good) and will be above the national average	Venture Customer Survey Report	 Occurred. Grand mean for all persons surveyed was 4.44
2. Plan of correction for DCH site survey will be developed, implemented and monitored.	Written plan; internal report Feedback from DCH site survey.	 Occurred. Plan submitted in 2009 through Venture. Monitored in 2010.
3. Plan of correction for Venture site survey will be implemented and monitored.	Written plan; internal report	 Occurred.
4. Provide, monitor, and report on jail diversion program	Internal and Venture Data base	 Occurred. 220 Evaluations; 5 diversions.
5. At least one annual training for area police officers will be held.	Training Materials	 Occurred. 4 part training at Sheriff's Department in October 2009.
6. Implement new requirements for screening and excluded provider disclosure.	Internal & Venture review	 Occurred. Ongoing process of submitting names to Venture who contracts for monitoring service.
7. Training logs will document 24 hours of training in topics related to children for each internal and external provider serving children	Training Log	 Occurred.
8. 100% of Habilitation Supports Waiver (HSW) enrollees will receive and have reported to MDCH at least one HSW service per month in addition to supports coordination. Exclude persons still on DCH eligibility list whose enrollment has been ended or suspended.	Venture Report	 Occurred. 100%
9. 0 denials of HSW applications due to incomplete information.	Venture Report	 Occurred.
10. Continue to implement activities to improve communication and collaboration throughout VBCMHA	Internal work group report	 Occurred. Ongoing strategies continue including CEO articles in newsletter, attendance at staff meetings, supervisory meetings. New in 2009 were series of communications regarding budget cuts.






**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

VBCMHA wide objectives to assure services are of high value to customers and stakeholders (continued).

OBJECTIVES	MEASUREMENT	STATUS
11. Participate in the Venture performance improvement project on child first service and integrated treatment for persons with co occurring disorders and report on outcomes.	Venture Report	 Occurred. All children received first service within 14 days. Participated in Co-Fit.
12. Continue Family Psycho-education mode services; including running of at least one group.	Venture Report	 Occurred.
13. Measure fidelity to the model on evidence based practices, in conjunction with Venture Behavioral Health.	Venture Report	 Occurred. Venture set goal to improve Co-Fit score by 50 points. Improved by 52.
14. Administrative costs as reported on 460 report will be below 11.5%	460 report submitted to state	 Occurred. FY 09 Administrative Cost rate of 10.16%.
15. In conjunction with Venture and its affiliates implement collection of useful outcomes information from the electronic health record	Venture report	Still in process with Venture.











**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

VBCMHA wide objectives to assure services attain positive customer outcomes.

OBJECTIVES	MEASUREMENT	STATUS
1. 80% of persons served will demonstrate increased Global Assessment Functioning Scores from opening to closing (planned closure.)	Internal Report Collected by support staff	 Occurred. 83% of persons showed an increase.
2. 80% of unplanned closures will demonstrate unchanged or increased Global Assessment Functioning Scores from opening to closing	Internal Report Collected by support staff	 Occurred. 82% of persons showed increase or no change
3. The total number of consumers in community supported employment will remain above 60.	Internal report from placement records	 Occurred. 66 – Increase of 1 from last year.
4. Papermaking enterprise (collaborative with ISD) will provide for paid employment for 10 customers.	Internal report	Still in process. Objective continued. 30 customers involved.
5. Percentage of children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge will be less than 15%.	Performance Indicator Report	 Occurred. 2.2%. 1 of 46 persons were readmitted within 30 days.
6. Measure and monitor outcomes for customers receiving evidenced based practices in conjunction with Venture Behavioral Health.	Report to be developed by Venture	Venture did not pursue this year.
7. Customer ratings of degree to which treatment helped as demonstrated on the MHCA survey will have a mean above 3.5 (3=good) and will be above the national average	Customer survey data	 Occurred. VBCMHA Score 4.23; National Average 3.82.











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FY 2008-2009 OPERATING PLAN**

VBCMHA wide objectives to reduce risk and to reduce the likelihood of negative consequences in any area exposed to risk, including: fiscal management, quality, public perception, or litigation.

OBJECTIVES	MEASUREMENT	STATUS
1. Develop and maintain an annual budget, and provide revenue and expenditure analysis on a regular basis to ensure fiscal integrity.	Annual budget	 Occurred. Reports monthly; narrative analysis quarterly.
2. Ensure a system of internal controls to properly safeguard the assets of the agency continues as recommended by independent auditor	Financial Procedures followed	 Occurred. System in place & continues.
3. Ensure insurance coverages adequate to meet the needs of the agency	Insurance policies	 Occurred.
4. Ensure fiscal management in accordance with all State and Federal legal requirements, and the requirements of the Michigan Department of Community Health	Annual audit MDCH Quarterly Report	 Occurred. Quarterly reports completed. Independent financial audit completed 12/2009. Report to Board 3/2010.
5. Site surveys of contracted providers shall be completed	Internal Report to QI	 Occurred. All contracted provider site reviews are completed on an annual basis.
6. All internal and external providers shall complete (re) credentialing, (re) privileging process as appropriate	Credentialing and Privileging Panel List	 Occurred. All credentialing and privileging completed as appropriate.
7. Medicaid verification monitoring process on internal providers will indicate less than 5% of claims not meeting verification standards prior to corrective process.	Report written by Venture for DCH	 Occurred. Medicaid Verification monitoring completed with 95% or better claims meeting requirements.
8. Medicaid verification of externally provided services will be completed based on criteria provided by Venture	Report written for Venture/DCH	 Occurred. Medicaid verification monitoring completed with 95% or better claims meeting requirements.
9. Maintain systems to record all revenues and expenditures by capitation and other funding sources.	DCH and Managed Care Quarterly Reports	 Occurred. Per MDCH final reports
10. Maintain costing and rate-setting methodologies consistent with state and Venture requirements.	Unit Cost Reports	 Occurred. Costing and Rate Setting accepted by Venture and auditor.









**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

VBCMHA wide objectives to reduce risk and to reduce the likelihood of negative consequences in any area exposed to risk, including: fiscal management, quality, public perception, or litigation (continued).

OBJECTIVES	MEASUREMENT	STATUS
11. Continue meeting operational and process standards, including compliance with HIPAA regulations and DCH/Venture managed care requirements.	DCH, Venture Site Reviews	 Occurred. Found in substantial compliance by DCH and Venture.
12. Include in the budget development process adequate resources to ensure the attraction and retention of qualified providers and staff.	Annual Budgeted Line Items	 Occurred. Successful Completion to attract and retain qualified providers and staff.
13. Include in the budget development process adequate resources to ensure training to meet the agency's goals.	Annual Budgeted Line Items	 Occurred. Adequate resources for training.
14. Building and Safety inspections for each agency site will be completed and necessary corrections will be made.	ESC Monthly Checklists and Annual Safety Survey	 Occurred. Met per Environmental Safety Committee (ESC) Minutes.
15. Fire drills will be completed at each agency site, with all sites meeting agency standards.	Monthly Fire Drill Performance Evaluations	 Occurred. Met per ESC Minutes.
16. Severe Weather drills will be completed at each site with all sites meeting agency standards.	ESC Monthly Checklists	 Occurred. Met per ESC Minutes.
17. Remain in the supported window of technology : a. Maintain appropriate licenses b. Recommend appropriate upgrades to software systems. c. Maintain and upgrade hardware as appropriate.	Internal report	 Occurred.
18. Complete trainings for staff and Board on corporate compliance	Training logs	 Occurred. All compliance trainings completed annually.
19. Report quarterly to the Board of Directors on corporate compliance.	Meeting agenda/minutes	 Occurred
20. Board of Directors will monitor compliance with Executive limitation policies	Meeting minutes	 Occurred. 9 policies all monitored & found in compliance.









**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

Program objectives to assure accessibility, efficiency, positive outcomes and customer satisfaction.

OBJECTIVES	MEASUREMENT	STATUS
A. <u>ACT (Steps and MI/CA)</u> are multidisciplinary teams that provide acute, active and ongoing psychiatric treatment, outreach, rehabilitation, and support services		
1. 90% of STEPS members will remain out of Medicaid/GF funded psychiatric inpatient during the year	Hospitalization Report	 Occurred. 98% (49 of 50) remained out of Medicaid/GF funded inpatient.
2. Face to face units of service per month with members will average 409 units for the STEPS team.	Monthly SALs Report	Did not occur. Position vacancies and training of new staff contributed.
3. Results of Venture customer satisfaction survey for STEPS members will result in a mean rating above 3.5 (3 = good) for all dimensions surveyed	Venture Survey Report Analysis from VB QI	 Occurred. Average 4.46
4. 95% of planned discharged STEPS members will remain out of Medicaid/GF funded psychiatric inpatient services for 90 days post discharge	Hospitalization Report	 Occurred. 100% of planned discharges (8 of 8) remained out of inpatient for 90 days post discharge.
5. 90% of MI/CA members will remain out of Medicaid/GF funded psychiatric inpatient during the year	Hospitalization Report	 Occurred. 98% (48 of 49) remained out of Medicaid/GF funded inpatient
6. Face to face service units per month with members will average 409 for the MI/CA team	Monthly SALs Report	 Occurred. Average of 583 units per month.
7. Results of Venture customer satisfaction survey for MI/CA members will result in a mean rating above 3.5 (3 = good) for all dimensions surveyed	Venture survey Report Analysis from VB QI	 Occurred. Average 3.9
8. 95% of planned discharged MI/CA members will remain out of Medicaid/GF funded psychiatric inpatient services for 90 days post discharge	Hospitalization Report	 Occurred. 100%
9. 80% of ACT members will demonstrate higher levels of community stability by having fewer days inpatient or in jail or if all days the previous year in the community then will remain at that level.	QI report	 Occurred. 87% customers demonstrated higher levels of community stability.








**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

Program objectives to assure accessibility, efficiency, positive outcomes and customer satisfaction (continued).

OBJECTIVES	MEASUREMENT	STATUS
B. <u>Access</u> provides assessment, crisis intervention, pre-admission screening for psychiatric inpatient services, and referral to needed services during business hours		
1. 95% of persons requesting a pre-admission screening for psychiatric inpatient care will receive a disposition within 3 hours	DCH Performance Indicator Report	 Occurred. 100% completed by Access.
2. Less than 2% of customers served through Access will request a second opinion or submit a formal grievance and appeal	Internal Tracking of Second Opinion Requests/Venture Grievance and Appeal Reporting	 Occurred. 0 formal requests
3. Less than 2% of customers assessed and assigned to services by Access will be transferred within the first 30 days of service	Internal Utilization Management Monitoring	 Occurred. Less than 1%
4. 95% of completed pre-admission screening forms reviewed by UM will be confirmed as appropriate disposition	Internal Utilization Management Monitoring	 Occurred. 100%
C. <u>Case Management for Adults</u> provides individualized supports to persons served through assessment, linking and coordinating, advocacy and monitoring activities		
1. 90% of CMS customers will remain out of Medicaid/GF funded psychiatric inpatient during the year	Hospitalization Report	 Occurred. 97% (155 of 160) remained out of Medicaid /GF funded inpatient
2. Face to face contacts per month will average above 125 units per CM	Service Activity Log Report	 Occurred. Average of 140 units per month per case manager.
3. 90% of all planned discharged customers will remain out of Medicaid/GF funded psychiatric inpatient for 90 days post discharge	Hospitalization Report	 Occurred. 100%
4. Results of Venture customer satisfaction survey for open case management customers will result in a mean rating above 3.5 (3 = good) for all dimensions	Venture Survey Report Analysis from VB QI	 Occurred. Average 4.19




**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

Program objectives to assure accessibility, efficiency, positive outcomes and customer satisfaction (continued).

OBJECTIVES	MEASUREMENT	STATUS
D. <u>Center for Crisis Stabilization</u> provides crisis residential services to stabilize acute psychiatric symptoms, evaluate treatment needs and develop plans to meet the needs of persons served		
1. 90% of GAF scores will stay the same or improve from admission to discharge	Monthly GAF Comparisons	 Occurred. 58/60 discharges or 96.7%
2. CCS will maintain an average occupancy of 75% annually	Monthly CCS Occupancy Reports	Did not occur. Occupancy was 69% for the year.
3. 90% of completed CCS satisfaction questionnaires will have an overall rating of good or better	Report to Division Manager from Satisfaction Questionnaires Completed at Discharge	 Occurred. 96% (48 of 50) of completed surveys rated CCS as good or better
4. 85% of all planned discharged customers from CCS will remain out of Medicaid/GF funded psychiatric inpatient for 90 days post discharge	Hospitalization Report	 Occurred. 100% of planned discharges.
E. <u>Children's Intensive Services</u> provides clinical, case management and support services to children with a severe emotional disturbance and their families		
1. 90% of accepted referrals to Children's Intensive Services will be seen within five (5) business days.	Referral Forms/Service Activity Logs Report to Division Manager	 Occurred 94% or 34 of 36
2. 75% of the initial CAFAS scores of customers in Children's Intensive Services will improve (decrease) by at least 20 points at the time of a planned discharge/transfer.	Outcome Measures Form and/or CAFAS Face Sheet Report to Division Manager	 Occurred 86% (12 of 14) of children had at least a 20 point CAFAS score decrease
3. Results of Venture customer satisfaction survey for CIST customers will result in a mean rating above 3.5 (3 = good) for all dimensions	Venture Survey Report Analysis from VB QI	 Occurred. Average 4.60
4. 85% of customers closed from Children's Intensive Services will remain out of psychiatric hospital for six (6) months post discharge	Hospitalization Report	 Occurred. 100% of closed customers remained out of psychiatric hospital for six months








**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

Program objectives to assure accessibility, efficiency, positive outcomes and customer satisfaction (continued).

OBJECTIVES	MEASUREMENT	STATUS
F. <u>Community Support Services for persons with developmental disabilities</u> <i>provides supports and services to adults and children with developmental disabilities to optimize their personal, social and vocational competency in order to live as independently as desired in the community</i>		
1. The total number of persons with DD employed in the community will remain above 45.	Placement records	 Occurred. 52
2. Family Support will serve a minimum of 60 persons.	Staff Meeting Notes & Sign-in Sheet	 Occurred. Served 88 families
3. A minimum of 8 individual consumer owned and operated small businesses will be operational.	Meeting minutes, placement records	Did not occur. 7 consumer owned and operated businesses are operational which is an increase of 1 over last year
4. The Venture customer satisfaction survey will result in a mean rating above 3.5 (5 point scale) for all dimensions surveyed relevant to VBCMHA developmental disability services.	Venture survey report	 Occurred. Average 4.21
5. Customer attainment of goals will be rated as good or better (3.0 on a 5 point scale) by those participating in the planning team for an individual customer	Compiled in internal QI report at time of reviews of plan	Awaiting report development to automate calculation.






**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

Program objectives to assure accessibility, efficiency, positive outcomes and customer satisfaction (continued).

OBJECTIVES	MEASUREMENT	STATUS
G. HOPE Center <i>helps persons with psychiatric disabilities to optimize their personal, social and vocational competency in order to live successfully in the community</i>		
1. To promote recovery and decrease stigma HOPE Center members will actively volunteer time in the community once per quarter	Report to Division Manager	 Occurred. American Red Cross, twice; Walk a Mile; Power Day
2. To decrease stigma HOPE Center staff and members will speak at one community forum or service club twice per year	Report to Division Manger	 Occurred. Power Day and walk a mile rally & Lawrence Methodist Church.
3. To promote recovery and decrease stigma HOPE Center will host community events four times per year	Report to Division Manager	Did not occur. Hosted 3 Red Cross Blood Drives; Mental Health Month event
4. Active HOPE Center members will average fewer than 3 hospital days per month	Hospitalization Report	 Occurred.
5.. At least 25% of active HOPE members will be employed on average per month	HOPE Center report	Did not occur. 22%
6. An average of 5,000 units of service will be provided each month by HOPE Center	Monthly Time Card Summary and PSR Report of Services	 Occurred. 5,263 units per month average
7. To promote recovery HOPE will facilitate a minimum of 3 psychoeducation/skills groups		 Occurred. 4 Groups facilitated.
8. Results of the Venture Customer Satisfaction survey for HOPE Center members will result in a mean rating above 3.5 (3 = good) for program satisfaction	Venture Survey Report Analysis from VB QI	 Occurred. Average 4.45
9. 90% of planned discharged customers will remain out of Medicaid/GF funded psychiatric inpatient services for 90 days post discharge	Hospitalization Report	 Occurred. 100% of discharged customers remained out of Medicaid/GF funded inpatient services









**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

Program objectives to assure accessibility, efficiency, positive outcomes and customer satisfaction (continued).

OBJECTIVES	MEASUREMENT	STATUS
I. <u>New Outlook</u> provides wraparound services to children at risk of removal from their home. Services are designed to support families in improving their children's quality of life. This program is collaboratively supported by CMH, FIA and the Family Court Juvenile Division		
1. 80% of children enrolled in New Outlook will remain in community based living arrangements	Report to Division Manager From Strong Families Safe Children Report	 Occurred. 93%. 100 of 107 enrolled children remained in community based living arrangements
2. 90% of families referred to New Outlook will be presented to Gatekeeping Committee for review for enrollment within ten days	Gatekeeping Minutes/ Report to Division Manager	 Occurred. 90%. 45 of 48 families referred were reviewed by Gatekeeping within 10 days
3. 90% of customer Wraparound surveys completed through the Michigan Families project will be satisfactory or better	Report Completed by Health Management Associates	 Occurred. 100%. 22 of 22 families completing the survey reported ratings of satisfied or better
4. 80% of children disenrolled from New Outlook will remain in community based living arrangements 90 days post disenrollment	Report to Division Manager	 Occurred. 92%. 99 of 107 children disenrolled remained in community based living arrangements for 90 days post discharge.
5. 75% of the initial CAFAS scores of customers in New Outlook will improve (decrease) by at least 20 points at the time of a planned discharge/transfer.	Outcome Measures Form and/or CAFAS Face Sheet Report to Division Manager	 Occurred. 86%. 45 of 51 disenrolled children had improvements in CAFAS scores of 20 points or more.
6. Enroll and serve 3 children in Medicaid waiver program for Seriously Emotionally Disturbed children.	Accepted enrollments from DCH	Did not occur. Families eligible preferred not to enroll.






**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

Program objectives to assure accessibility, efficiency, positive outcomes and customer satisfaction (continued).

OBJECTIVES	MEASUREMENT	STATUS
J. <u>On-Call Services</u> provides emergency mental health services after normal business hours including crisis resolution, pre-admission screening for psychiatric inpatient services and referral to appropriate services		
1. 95% of persons requesting a pre-admission screening for psychiatric inpatient care will receive a disposition within 3 hours	Performance Indicator Report	 Occurred. 100% Completed by on-call.
2. Results of Venture customer satisfaction survey for Van Buren will result in a mean rating above 3.5 (3 = good) for questions related to after hours service	Venture Survey Report Analysis from VB QI	 Occurred. Average of responses on after hours service was 4.43
3. 95% of completed pre-admission screening forms reviewed by UM will be confirmed as appropriate disposition	Internal Utilization Management Monitoring	 Occurred. 100%
K. <u>Outpatient Services</u> provides individual, family, and group therapy and crisis resolution for adults and children		
1. Less than 5% of persons served in OP will be admitted to Medicaid/GF funded psychiatric inpatient	Hospitalization Report	 Occurred. Less than 1% (5 of 1,064) were admitted to Medicaid/GF funded psychiatric inpatient.
2. No show cancellation rate for year will be below 25 percent	Internal Report on No Shows Cancellations Generated From Day Sheet Data	 Occurred. 24.3% for year
3. Results of Venture customer satisfaction survey for CIST customers will result in a mean rating above 3.5 (3 = good) for all dimensions	Venture Survey Data	 Occurred. Average = 4.46
4. OP clinicians will provide an average of 60% face to face service per month	Internal report	 Occurred.
L. <u>School Based Health Center</u> provides primary medical care service and mental health services to students in the Bangor school district.		
1. Transition plan requirements will be met and the center will be fully operational.	Report to DCH	 Occurred. Transition Plan submitted to MDCH 10/1/08. Medical supervision secured 1/1/09 at which time health center resumed full operations.

**Van Buren Community Mental Health Authority
FY 2008-2009 OPERATING PLAN**

Program objectives to assure accessibility, efficiency, positive outcomes and customer satisfaction (continued).

OBJECTIVES	MEASUREMENT	STATUS
2. Progress will be demonstrated on each of the 4 goals in the program work plan including :	Report to DCH	 Occurred. Minimum program requirements met or exceeded (see below for specifics)
a. Improvement in the health and well being of students	Report to DCH	 Occurred. Services provided to improve health & well-being: 559 Unduplicated patients; 1825 services; 299 physicals; 561 immunization services; 121 individual mental health services (doesn't include TeenScreen).
b. Provide programming to reduce tobacco use	Report to DCH	 Occurred. Project toward no tobacco (evidence based program) presented to approximately 172 students in 7 th and 8 th grade; Total of 14 group lessons presented. Pre/post measures indicate: -Increased understanding of impact of tobacco use on one's health (between 9% and 27% change – various questions) -Decreased tolerance for others who use tobacco (26% change); -Increased perception of ability to assert self in peer pressure situations (19% change); -Change in perception of peers acceptance if respondent used tobacco (15% more said friends would not approve at posttest).
L. School Based Health Center continued		
c. Improvement of mental health status of students	Report to DCH	 Occurred. 31 Teen Screens completed in 2008-09; 61% (8/13) of youth with positive TeenScreen results were referred for complete mental health assessment and treatment; Health Center Counseling: 121 youth served; approx 72% indicated improvement in functioning as measured by pre/post screenings.
d. Provide Medicaid outreach and enrollment	Report to DCH	 Occurred. Health center staff assisted 39 families with Medicaid enrollment; of those, 8 families with children were enrolled. Over 70 Medicaid informational brochures were distributed at local fairs and events; Assistance with Medicaid enrollment advertised in local newspaper in five issues (each issue = 5328 distribution). 98 referrals were made for Medicaid recipients for services not available at the health center.