



## Metrics and Activities for Collaboration and Coordination

Evidence of Cross Sector Collaboration with Key Partners

### APD, AAA & ADRC

Training, Attendance, & Tracking	Meetings	Promotion
<ul style="list-style-type: none"><li>• Conducted trainings for APD staff</li><li>• Conducted trainings for licensed providers (AL/RC/MC, AFH, NF)</li><li>• APD staff attended MDT meetings created &amp; facilitated by OABHI</li><li>• Tracked APD staff attendance at workforce development meetings</li></ul>	<ul style="list-style-type: none"><li>• Maintained a physical (preferred) or virtual presence in the local APD office</li><li>• Attended APD staff meetings, team meetings, &amp; huddles</li><li>• Participated in AAA strategic planning &amp; CHIP meetings</li></ul>	<ul style="list-style-type: none"><li>• Created<ul style="list-style-type: none"><li>• <i>formal/informal MOU</i></li><li>• <i>meet &amp; greet with CMHP/APD staff</i></li><li>• <i>member committees (ex. senior advisory council)</i></li></ul></li><li>• Did special projects with APD/AAA for consumers (ex. health/wellness)</li><li>• Shared OABHI reports &amp; discussed key findings</li></ul>

### Coordinated Care Organizations (CCO)

- Met with the BH director or delegate
- Initiated and maintained contact with the ICM and CC teams
- Attended CCO led IDT meetings
- Read Comprehensive BH Plan
- Tracked CCO staff who attend workforce trainings

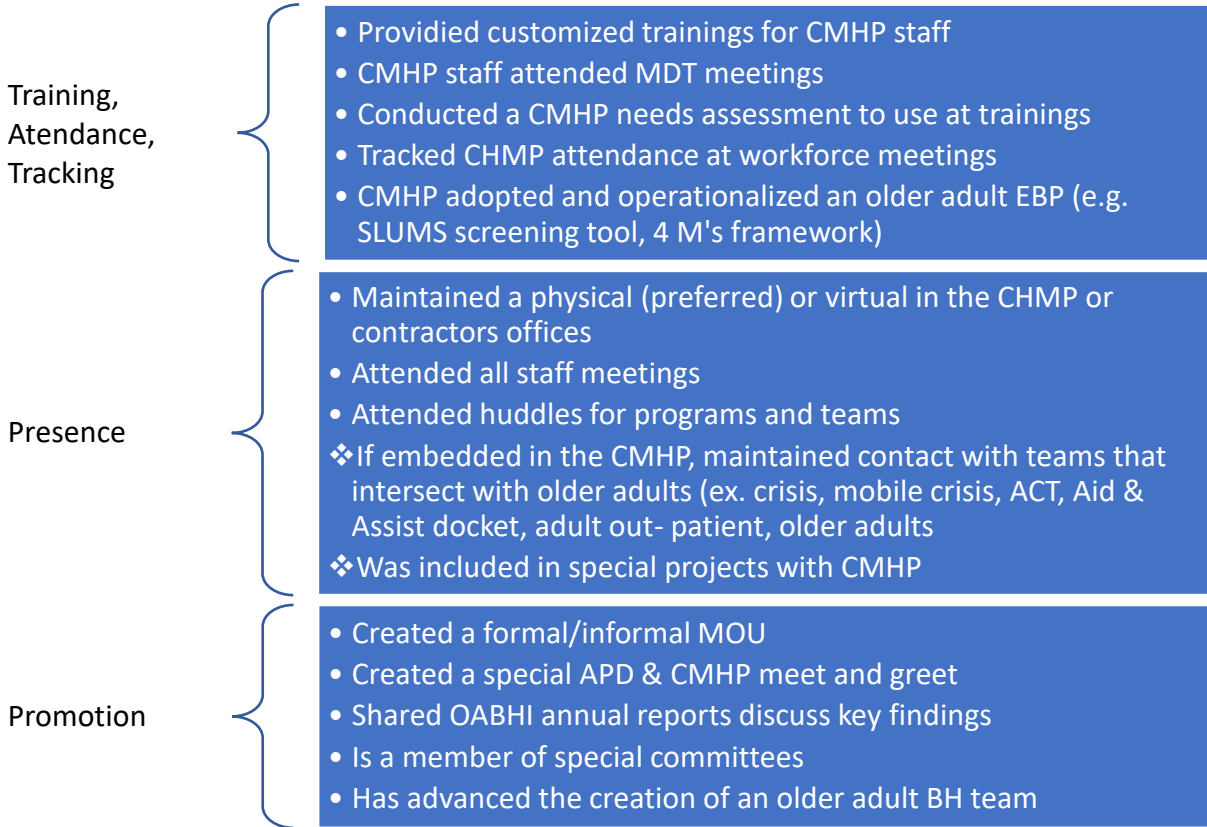
### Multidisciplinary Team (MDT)

Promotion	Meetings	Participants
<ul style="list-style-type: none"><li>• Created, facilitated, &amp; maintained an OABHI in-person or virtual regional/county MDT</li><li>• Created a MDT for LTC settings (AL/RC/MC, NF)</li></ul>	<ul style="list-style-type: none"><li>• MDT met regularly</li><li>• Meeting agenda included specific training for MDT attendees (screening tools, micro learning)</li><li>• Tracked trends in cases presented</li></ul>	<ul style="list-style-type: none"><li>• Key community partners</li><li>• Diverse community partners (ex. law enforcement, first responders, NF)*</li></ul>

\*Other key partners of enhanced collaboration & coordination include FQHC and other primary care settings, CIL's, Senior Centers, Coalitions pertaining to the BH needs of older adults.



## Community Mental Health Program



<b>Newsletter</b>	<ul style="list-style-type: none"> <li>• Created a county/region OABHI newsletter</li> <li>• Developed and maintains a diverse mailing list</li> <li>• Developed a method to evaluate the newsletter's impact</li> </ul>
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## Community Partner Group

Training, Attendance, & Tracking	Presence	Promotion
<ul style="list-style-type: none"> <li>• Community partner group has an agenda to identify gaps in services for older adults</li> </ul>	<ul style="list-style-type: none"> <li>• Developed a diverse partner group* in the county/region</li> <li>• Partner group meets regularly</li> </ul>	<ul style="list-style-type: none"> <li>• Create a formal/informal MOU</li> <li>• Identifies group projects to undertake</li> <li>• Partner group leverages resources as a group</li> </ul>