

FY 2015 Provider Performance First-Half Report

Mental Health & Recovery Services Board of
Lucas County



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Overview and Basis

The performance and outcome measures are established annually for each program and are founded on evidence-based best practices, SAMHSA National Outcome Measures (NOMs), state and local initiatives, and/or historical performance. The goals, performance measures, and outcomes of each program are documented in the “Attachment 3” section of each MHR SB Provider Agreement, specifying the requirement for half-year and year-end reporting per program; it is further denoted that quarterly reporting may be requested or required based on performance, program age, or priority.

Biannually, the Mental Health and Recovery Services Board (“MHR SB”) presents the results to date of the programs funded by the MHR SB in the areas of treatment, prevention, and support services.

Review Process: Collection, Methodology, Quality Assurance, and Action

Providers report on their contracted performance measures and outcomes. “Performance measures” relate to process outputs (e.g. numbers of people served, numbers of forums held, etc.), whereas “outcomes” address measureable changes in behavior, attitude, condition, knowledge, status, and/or skills.¹ Data are submitted in a few ways. Aggregated self-reported data, the primary forms of data collected for the outcomes report, are submitted by the providers via the MHR SB’s SurveyMonkey account, a web-based survey tool. Treatment providers are often required to submit client lists via the MHR SB’s secured FTP server; such lists are requested for grant-funded programs, such as the Engagement grant and Preventing Psychiatric Emergencies grant, in order to calculate systemic and programmatic outcome measures. The results of such measures are detailed in this report. Providers of prevention and/or support services are sometimes required to submit client lists for quality assurance and systemic evaluative purposes, and only the data needed for the review process are requested. Such client lists may contain de-identified information when appropriate or not relevant to the review process.

Providers have 30 days to submit all required data. Once submitted, MHR SB staff export the self-reported data from SurveyMonkey, as well as extract submitted client lists from the MHR SB FTP server. All data are thoroughly reviewed by select MHR SB staff. When data that can be used to substantiate the outcomes reporting are available—such as claims data (MACSIS)—these resources are utilized. Data are initially reviewed for quality assurance, which includes adherence to reporting requirements, reporting comprehensiveness, and consistency in measurements. Since the majority of the data submitted are self-reported aggregates, providers may be requested to submit their formulae as a way to corroborate their reported totals. During this stage of the review process, providers may be contacted for further clarification.

The next stage of the process is creating the analyses, both by individual program as well as for systemic outcomes. Each program is evaluated with respect to the performance measures and outcomes achieved by the half year; the age of the program; program trends in previous years; additional reporting specific to a program; dialogue with the respective providers; and the amount of funds spent.

¹ The term “outcomes” may be used throughout this document to encompass both “performance measures” and “outcomes.”

For the half-year reporting analyses, determinations are then made as to how likely it is that the outcomes will be achieved by the fiscal year-end. Programs are thus characterized as being “on track,” “not on track,” or in an “implementation year.” The majority of contracted outcomes are prescribed a target percentage or total to meet, though flexibility within a specified tolerance is often considered allowable. In most cases, results that do not meet the contracted tolerance or target per outcome are considered not on track.

MHR SB program staff and leadership conduct a series of internal meetings to review the outcomes, grant and POS spending, and analyses by program. If there are remaining questions or concerns regarding any of the programs, providers may be contacted for further clarification and/or they may be asked to meet with MHR SB staff.

Depending on the severity, nature, and breadth of the issues, programs that are considered “not on track” are required to submit third-quarter reporting; some may be issued a 120-day notice, and this may occur at any stage of the reporting process. In FY 2015, some programs are considered to be in an “implementation year,” such as those that are relatively new to MHR SB funding and (a) have demonstrated successes for which there are little or no tracking measurements in the MHR SB Attachment 3; (b) may require revision for the current or next fiscal year, either in the program, program language, or outcome measures; and/or (c) may need to be right-sized. In this case, programs in their “implementation year” may be required to submit quarterly reporting in order for MHR SB staff to monitor progress.

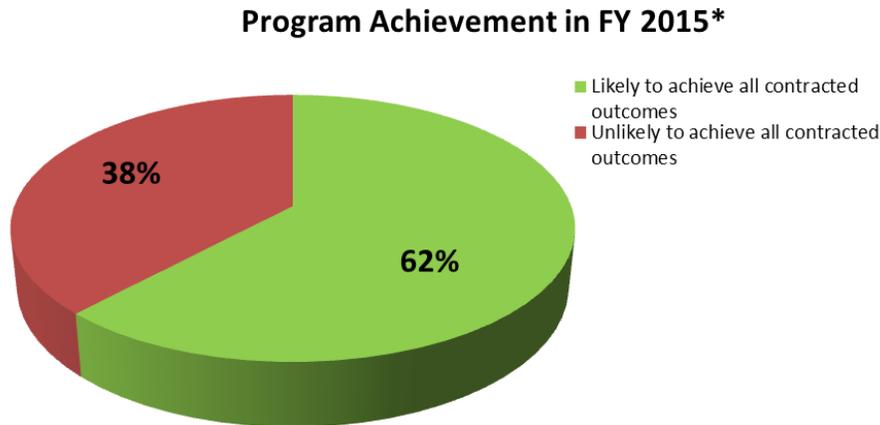
Reporting

The first question addressed is how the system is doing as a whole, which is inclusive of the percentage of programs “on track” or otherwise, as well as numbers of people served. Provider programs and their outcomes are then delineated in the report by “line of business,” that is, “Treatment,” “Prevention,” and “Support Services.” Categorizing the data in this way allows the MHR SB to identify broader themes, trends, barriers, and opportunities, as well as highlight outcomes and notable achievements specific to each line of business. When relevant, past data are compared as a way to provide context for success or areas of opportunity.

System-Wide

In this reporting period, the performance measures and outcomes of 81 programs at 22 providers funded by the MHRSB were reviewed for likelihood to be achieved by fiscal year-end.

As a system, roughly **62%*** of the anticipated programs appear to be on track to meet the contracted performance measures and outcomes. By comparison, 60% of the anticipated programs appeared to be on track at the half-year point last fiscal year.



** Excludes all programs that are considered to be in the implementation phase.*

- Treatment: 58% on track
- Prevention: 53% on track
- Support Services: 63% on track

Programs that are considered in the implementation phase are those that are newly funded and it is recognized that there will need to be changes in the program goals, outcomes, or performance measures for FY 2016. These are programs that appear to be successful, but in a different way than what was originally anticipated when the programs were proposed through the RFI purchasing cycles; a few others may need to be right-sized based, which will be evaluated at the end of the fiscal year. Programs specified as being in an implementation year include Harbor's Heroin-Opiate Initiative, Community Senior Prevention program, and AOD Outpatient Services; NAMI's Family Navigator program; NPI's Peer Recovery Support Services program; New Concepts' Specialized Integrated Outpatient Treatment program; and UMADAOP's Heroin-Opiate Initiative. Details for all programs are presented as an attachment to this report.

Combining all programs across the three lines of business, the providers have served **68%** of the number of people contracted for the entire FY 2015. By comparison, at the FY 2014 half, agencies had collectively served 50% of the number of people contracted to be served by year-end.



Treatment

Consistent with previous reporting periods, treatment providers were contracted to achieve two universal outcomes with respect to client satisfaction and criminal justice. Satisfaction scores will be reported at fiscal year-end. The criminal justice recidivism outcome continues to exceed the goal system-wide.

Notable treatment achievements include:

- 62% of clients that were discharged from the hospital to Harbor, Unison, or Zepf are receiving psychiatric treatment services within 7 calendar days. This surpasses the target in the System-Wide Goals., and is an improvement over the FY 2014 average of 40%.
- Individuals were able to receive a diagnostic assessment at Central Access within 4.4 days of their first contact. (Half-year reporting for FY 2014 showed an average of 5.5 days between point of first contact and date of assessment.)

Outcome: To minimize the number of clients in the priority population that experience loss of freedom due to being incarcerated or placed on probation in the community resulting from arrests that have occurred since the inception of treatment.

Target: 90% of the priority population who are active in treatment will not be convicted on new criminal charges. (Active in treatment will be defined as having an open case at the provider agency and having received at least three services.)

Comments: It should be noted that the figures below relate to bookings (not convictions) for adult clients only. Previous fiscal years 2013 and 2014 both reported an average of 94%.

OUTCOME: 90% of the priority population who are active in treatment will not be convicted on new criminal charges.					
A Renewed Mind	HARBOR	NEW CONCEPTS	UMADAOP	UNISON	ZEPF CENTER
N/A	98%	94%	N/A	96%	96%
Percent of MHR SB-subsidized clients active in treatment that were <u>not</u> booked on new charges:					96%

Outcome [mental health treatment providers]: Ensure timely access to treatment and medication, and decrease symptomatology of mental illness and/or addiction.

Target: 50% of clients will receive psychiatric treatment services within 7 calendar days of discharge. This percentage takes into account no-shows, rescheduled appointments, etc. Population includes any SPMI clients in the public system who are admitted to Toledo Hospital, Mercy St. Charles, Mercy St. Vincent, NOPH, and Rescue CSU. Receiving “psychiatric treatment services” means that the client is seen by a psychiatrist, advanced practice nurse, physician assistant, or registered nurse.

Comments: In FY 2014, mental health treatment providers were awarded additional funding to accomplish this new goal (System-Wide Goals, Strategy 2: Restore). The average number of days to receive psychiatric treatment services post-hospital discharge in the first half of FY 2015 was 6.3 days

across Harbor, Unison, and Zepf Center, which is an improvement over FY 2014 at upwards of 9.5 days. Further, 62% of clients received psychiatric treatment services within 7 calendar days of being discharged from the hospital, which exceeded the target (positive change). The appointment no-show rates continue to be an issue for most providers. This program will be evaluated in FY 2016 at each provider to ensure that the measurement criteria are consistent.

OUTCOME: Clients will receive psychiatric treatment services within 7 calendar days of discharge from public or private hospitals.			
TARGET: 50% will receive psychiatric treatment services within 7 calendar days of discharge			
QUESTION:	HARBOR	UNISON	ZEPF CENTER
Average number of days to receive "psychiatric treatment services" (defined above) post-hospital discharge	7	6.9	5
Percentage of clients who received "psychiatric treatment services" (defined above) within 7 calendar days of post-hospital discharge	72%	59%	55%
Percentage of clients that did not appear for their scheduled post-hospital discharge appointment (no-show rate)	44%	43%	39%
Percent of clients that received psychiatric treatment services within 7 calendar days of discharge into the MHR SB system:			62%

Outcome [mental health treatment providers]: Admissions to public and private hospitals, as well as Rescue CSU, within 30 and 180 days will be reduced.

Target: 50% of the high-utilizing clients (as defined by each participating provider) in the program will not be admitted to the hospital/Rescue CSU.

Comments: In FY 2014, mental health treatment providers were awarded additional funding to accomplish this new goal (System-Wide Goals, Strategy 1: Respond). Each provider has a unique definition of "high utilizer of services"; additionally, the programs themselves differ, though all have the shared goal of minimizing the need for inpatient hospitalization. Specific to the Preventing Psychiatric Emergencies grant, the hospital recidivism rates systemically, as well as per provider, are below the 50% target threshold (positive change). This program will be evaluated in FY 2016 at each provider to ensure that the measurement criteria are consistent. [see next page for data comparison]

OUTCOME: Admissions to public and private hospitals, as well as Rescue CSU, within 30 and 180 days, will be reduced.			
TARGET: 50% of the high-utilizing clients (as defined by each participating provider) in the program will not be admitted to the hospital/Rescue CSU.			
QUESTION:	HARBOR	UNISON	ZEPF CENTER
Hospital recidivism rate within 30 days of post-hospital discharge	10%	21%	10%
Hospital recidivism rate within 180 days of post-hospital discharge	14%	39%	17%
Hospital recidivism rate within 30 days of post-hospital discharge (based on providers' individual Preventing Psychiatric Emergencies programs):			12.5%
Hospital recidivism rate within 180 days of post-hospital discharge (based on providers' individual Preventing Psychiatric Emergencies programs):			21.7%

Outcome [AOD treatment providers]: To increase the likelihood of outpatient treatment success by retaining clients long enough for treatment to be effective.

Target: 60% of all clients that enter outpatient treatment will remain in treatment for a minimum of 90 days; and of those clients who were retained for 90 days, 40% will be successfully discharged as measured by both completing their treatment goals and being clean for 30 days prior to discharge.*

Method: All outpatient AOD treatment programs (with the exception of medication-assisted treatment) were asked to incorporate this outcome as a measure of success. Providers evaluated this by capturing individual client retention for a minimum of 90 days, as well as their negative drug screens throughout treatment. As illustrated in the following chart, New Concepts and Zepf Center appear to be exceeding these targets so far in FY 2015. [*Note: The measure of success for Unison's Adult AOD Outpatient program is that 70% of all clients that enter outpatient treatment will remain in treatment for a minimum of 90 days; and of those clients who were retained for 90 days, 50% will be successfully discharged as measured by both completing their treatment goals and being abstinent from AOD for 30 days prior to discharge.] Harbor's AOD Outpatient program is newly funded by the MHR SB and will be evaluated at the end of the fiscal year.

OUTCOME: 60% of all clients that enter outpatient treatment will remain in treatment for a minimum of 90 days; and of those clients who were retained for 90 days, 40% will be successfully discharged as measured by both completing their treatment goals and being abstinent from AOD for 30 days prior to discharge.					
QUESTION:	HARBOR: AOD OUTPATIENT	NEW CONCEPTS: AOD OUTPATIENT	UNISON: ADULT AOD OUTPATIENT*	UNISON: DUAL RECOVERY	ZEPF CENTER: AOD OUTPATIENT
FY 2015: percentage of persons who remained in treatment for a minimum of 90 days	<i>[Will be evaluated at FYE]</i>	70%	39%	50%	67%
FY 2015: percentage of persons successfully discharged after 90 days [defined above]	<i>[Will be evaluated at FYE]</i>	53%	40%	35%	58%

Noted earlier in this report was that 58% of the treatment programs are on track to meeting their outcomes by fiscal year-end. The following programs were reportedly not on track to meeting their outcomes:

Provider	Program
Unison	Adult AOD
Unison	AOD/Dual Recovery Outpatient Services
Zepf	Problem Gambling Treatment
Zepf	AOD Outpatient Treatment
Zepf	Short-Term Residential Treatment (STR)
Zepf	Sub-Acute Detoxification
Zepf	Medication-Assisted Treatment (MAT): Suboxone
Zepf	Opioid Treatment Program (SASI)
Zepf	Multi-Systemic Therapy (MST--BHJJ)

The majority of these programs did not meet their outcomes by the end of FY 2014; these are highlighted in yellow above. All programs above will be required to submit third-quarter reporting. Details for all programs are presented as an attachment to this report.



Prevention

Many of the prevention programs are in year two of the three-year prevention funding cycle via the RFP process in 2013; new programming was added in FY 2014 through the RFI funding process to support Strategy 5 of the System-Wide Goals (“Promote”). The emphases on all programs awarded funding were population-based level change with respect to increasing the age of onset of alcohol use; increasing the perception of harm for alcohol, tobacco, and other drug (ATOD) use in youth; and increasing resistance skills to avoid ATOD use and abuse.

Notable prevention achievements include:

- Harbor’s School and Community Prevention program has vastly improved in comparison to FY 2014’s half-year report in terms of number of youth served. Teacher satisfaction responses included the following comment: “Great program, Facilitator really connected with students. I want the program for next year, will share with my fellow teachers so that they will get on board.”
- Learning Club reports that their program expansion (allocation was doubled in FY 2015 over FY 2014) has been successful, both in terms of student recruitment and participation. 87% of the teachers that had students engaged in the Learning Club program indicated that it has been helpful in improving their students’ reading and math skills.

Noted earlier in this report was that 53% of the prevention programs are on track to meeting their outcomes by fiscal year-end. The following programs were reportedly not on track to meeting their outcomes:

Provider	Program
Adelante	Nosotras <i>[issued 120-day notice]</i>
Big Brothers/Big Sisters	Mentoring Triad
Harbor	Early Childhood Prevention
SCAT	Comm Drug Drop-Off <i>[issued 120-day notice]</i>
SCAT	Parent Training and Education
Swanton Area CC (SACC)	Parent Programming <i>[issued 120-day notice]</i>
Zepf	Gambling Prevention

Harbor’s Early Childhood Prevention program, highlighted in yellow above, was the only program in this list that did not meet their outcomes by the end of FY 2014; it appears unlikely to meet its outcomes by the end of FY 2015 as well. Adelante’s Nosotras program and Swanton Area Community Coalition’s Parent Programming were recently issued 120-day notices due to poor performance. All programs above will be required to submit third-quarter reporting. Details for all programs are presented as an attachment to this report.



Support Services

“Support services” is a broad collection of programs that include housing, education, outreach, family support, linkage to treatment from the criminal justice system, peer enrichment, and vocational services.

Notable support services achievements include:

- ABLE won their first case using the psychological testing that the MHRSB funded last fall (\$5,000 added to Government Benefits program for this specific testing).
- NPI reports success with their newly created Peer Recovery Support Services program. Five employed Recovery Coaches have been certified as Peer Support Specialists, and their role is to engage and work one-on-one with new and/or interested residents. As a result, a core group of tenants and residents have become active in all of the program activities, which include topical roundtable discussions, ethnic and holiday celebrations, and events like the Showcase of Recovery stage and art shows.
- Quality improvements for TASC’s Forensic Linkage Project (“FLP”), such as the use of tablets instead of paper and pens, as well as having a Sunday shift to capture screens for those offenders booked over the weekend, have increased efficiency, allowing FLP staff to see more clients and in a more timely manner. They report screening more individuals in the first half of FY 2015 than in all of FY 2014.

- The Wernert Center continues to receive high levels of member satisfaction, as well as consumer feedback such as the following: *“My affiliation with the TMWC has affected me in many ways since I became a member in 2011. I was originally introduced to the TMWC while I was in the hospital through TMWC’s Outreach Program where I was given a newsletter and brochure. I started attending TMWC the day after I was released from the hospital. I was not at all connected with my family in any way, nor was I interested in meeting people or making new friends. Gradually I opened my heart to meeting new people and reopened communications with my family who had stigmatized me for so long because of my illness. I slowly began to trust them and the people around me because I was in a trusting and safe environment at the Center. I realized that this is what is called recovery. I firmly believe that the TMWC serves a great purpose to the community.”*

Currently, there are no contracted global outcomes for this line of business, as each program is unique in terms of the populations to be served and the services offered. Nevertheless, 61% of the programs within this category are on track to meeting their outcomes by fiscal year-end. The following programs were reportedly not on track to meeting their outcomes:

Provider	Program
A Renewed Mind	CET Training
Family Services	Breaking the Cycle <i>[issued 120-day notice]</i>
LC Adult Probation	Forensic Monitor
Mercy St. Vincent	Mother and Child Dependency <i>[issued 120-day notice]</i>
NPI	PATH
Rescue	JDC/BHJJ Referrals into MST
St. Paul's	Shelter and Outreach Coordinator
TASC	Community Innovations
TASC	Community Transitions <i>[issued 120-day notice]</i>
Unison	St. Paul's MH Liaison

NPI’s PATH program and Unison’s St. Paul’s (SPCC) Mental Health Liaison program, highlighted in yellow above, are the only programs in this list that did not meet their outcomes by the end of FY 2014; they appear unlikely to meet their outcomes by the end of FY 2015 as well, and Unison’s SPCC Liaison program was recently issued a 120-day notice. Additionally, Family Services’ Breaking the Cycle program, Mercy’s Mother and Child Dependency program, and TASC’s Community Transitions program were recently issued 120-day notices due to poor performance. All programs above will be required to submit third-quarter reporting. Details for all programs are presented as an attachment to this report.

Resources

- Agency self-reported outcomes data submitted via SurveyMonkey (based on the Attachment 3 of the MHR SB provider agreements, FY 2015 and FY 2014)
- FY15 HUDB New Clients report (generated from the MHR SB Hospital Utilization Database)
- FY15 Outcomes Jail NORIS Stryker to MACSIS MITS
- HUDB/CSU via PPE List (Harbor, Unison, Zepf PPE client rosters as compared to MHR SB Hospital Utilization Database)
- MHR SB December Actual Grant Spending vs. Allocation by Agency by Program report (presented at March 3, 2015 Planning and Finance Committee meeting)
- MHR SB FY15 POS Review [AOD treatment service claims report – claims processed through 2/17/2015]
- MHR SB MACSIS Non-Medicaid Client Count report [generated 2/24/2015]
- MST Program Implementation Review report (January 2015) [Zepf Center]
- Recovery to Work Goals report (January 2015) [Zepf Center]
- LCMHB Outcomes Between 7/1/2014 and 12/31/2014 report [ABLE]
- LCMHB Cases Worked on Between 7/1/2014 and 12/31/2014 report [ABLE]
- 2014-07-01 to 2014-12-31 - MGB New Cases Intakes [ABLE]
- LCMHB New Cases Opened Between 7/1/2014 and 12/31/2014 report [ABLE]
- LCMHB MGB Cases Closed Between 7/1/2014 and 12/31/2014 [ABLE]
- ABLE MH Impact Advocacy Project Biyearly Reporting Spreadsheet FY15 [ABLE]

DETAIL: Treatment Programs

FY 2015 Provider Performance

First-Half Report

MHR SB Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
Harbor	AOD Outpatient Services	35	30	N/A	N/A	Implementation Year	Underspending to date	No concerns at this time. Implementation year program.
Harbor	Mental Health Outpatient Services	1,000 adults, 125 youth	825 adults, 117 youth	100%	100%	Program on Track	Underspending to date	33.4% POS allocation used. No concerns with the program at this time.
Harbor	Engagement Services	350	200	100%	100%	Program on Track	Slight underspending to date	Clients are reportedly being seen within 7 calendar days post-hospital discharge. No concerns with this program at this time.
Harbor	Preventing Psychiatric Emergencies	120	187	100%	100%	Program on Track	Underspending to date	They are serving 156% of what was contracted for FY 2015, but are underspending (45% used). Two peer support specialists are being utilized, an aspect that differentiates this PPE program from the other providers.
Philio/New Concepts	AOD Outpatient Services	500	188	100%	100%	Program on Track	Underspending to date	No concerns with this program at this time. 43% of POS allocation used.
Philio/New Concepts	Specialized Integrated Outpatient Treatment	40 TREM; 60 CJ	50	N/A	N/A	Implementation Year		1.3% of POS allocation used.
Rescue	Emergency Services	N/A	2,038 unduplicated adults; 2,745 episodes of care	100%	N/A	Program on Track	Slight overspending to date	All ten of the performance measures are without targets, hence why they're not calculated here. Outcome 1: 78.8% of adult clients were delivered to the appropriate facility for admission to the appropriate level of care within 4 hours of the referral source's first contact with Rescue [target 75%]. Outcome 2: 98% of adult clients who are transported by Rescue will be delivered to the appropriate facility for admission to the appropriate level of inpatient care in a single transport.
Rescue	Youth Crisis Unit (CACSU)	60 youth	46 youth	100%	100%	Program on Track	Slight underspending to date	The average length of stay is 4.1 days. No program concerns at this time.
Rescue	Adult Crisis Unit (CSU)	560 adults	116 adults	100%	100%	Program on Track	Overspending to date	20.7% of the anticipated amount of ppl to be served in FY 2015. The average length of stay is 4.1 days.

MHR SB Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
Rescue	Central Access	1,300 Central Access; 400 support groups	1,048 Central Access; 19 support groups	100%	67%	Program on Track	Slight overspending to date	Central Access has seen 81% of the # ppl anticipated for FY 2015; however, the support groups are really low, and they did not report any clients in the groups in quarter 2. That is the only performance measure not being met. Client reported: "Changes in MHR SBLC policy regarding client eligibility for funding of treatment services has led to a decreased need for pre-treatment groups at Central Access. There is also concern that different types of groups need to be provided (e.g. Anger Management, Domestic Violence, Thinking Errors)." Length of time between point of first contact and DA is 4.4 days on average, and DAs are completed within 104 minutes. (Both of these measures are on track.)
Rescue	Psychiatric Inpatient Services	N/A	1,568	N/A	N/A	N/A	Slight overspending to date	1568 unduplicated clients; 1864 episodes of care. No contracted outcomes, and neither of the performance measures have targets.
UMADAOP	Rapid Response Non-Medicaid AOD Outpatient Tx	[Benchmark]	0	N/A	N/A	N/A	N/A	Program is newly funded. No non-Medicaid clients have been referred as of December 31, 2014.
Unison	Adult AOD	300	187	0%	100%	Program Not on Track	Underspending to date	20.3% of POS allocation used. First part of tx outcome is not being met: 38.5% of clients that entered OP tx remained in tx for a minimum of 90 days [target 60%]; and of those, 40.3% were successfully discharged as measured by both completing their tx goals and being clean for 30 days prior to discharge [target 40%]. Program reports quarterly, so this will continue to be reviewed.
Unison	Mental Health Outpatient Services	2,100 adults and youth	922 adults and youth	100%	100%	Program on Track	Underspending to date	No programmatic concerns at this time. 29.8% of POS allocation used.
Unison	Engagement Services	500	508	100%	100%	Program on Track	Underspending to date	Clients are reportedly being seen within 6.9 calendar days post-hospital discharge. No concerns with this program at this time.

MHR SB Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
Unison	AOD/Dual Recovery Outpatient Services	300 adults; 20 youth	561 adults; 5 youth	0%	100%	Program Not on Track	Underspending to date	32.3% of POS allocation used. Tx outcome is not being met: 50% of clients that entered OP tx remained in tx for a minimum of 90 days [target 60%]; and of those, 35% were successfully discharged as measured by both completing their tx goals and being clean for 30 days prior to discharge [target 40%]. Third quarter reporting will be required.
Unison	PACT	60	70	100%	100%	Program on Track	N/A	Program is over-capacity, but provider reports that they are able to manage staffing levels at this time.
Unison	Preventing Psychiatric Emergencies	75	104	100%	100%	Program on Track	Underspending to date	They are reportedly serving 139% of what was contracted for FY 2015. However, they are significantly underspending to date (22.8% used). Contract has been amended to allow them to serve additional individuals in need of such services.
Zepf	Problem Gambling Treatment	45	19	100%	67%	Program Not on Track	N/A	The performance measure not met was with respect to average number of sessions attended for all individuals in program gambling treatment; the target was six sessions, and the average was five sessions. The second outcome was not included in the calculation here because they haven't administered their satisfaction surveys yet. Overspending grant amount; underutilizing POS allocation. Program reports quarterly, so this will continue to be reviewed.
Zepf	AOD Outpatient Treatment	225	43	100%	0%	Program Not on Track	Underspending to date	The two performance measures not being met are # ppl served and average length of stay in outpatient treatment (average is 52 days, target is 90+ days). They are on track with their first two outcomes. The third outcome was not included in the calculation here because they haven't administered their satisfaction surveys yet. Program reports quarterly, so this will continue to be reviewed.
Zepf	Short-Term Residential Treatment (STR)	67	15	100%	50%	Program Not on Track	Underspending to date	Program totals include Supervised Supportive Living (SSL) stays (what they call "phase 2," which is reportedly evidence-based and in between STR and Recovery Housing). The performance measure they are not close to meeting is # ppl served, which is 15 (target: 67). They are on track with their first two outcomes. The third outcome was not included in the calculation here because they haven't administered their satisfaction surveys yet. Program reports quarterly, so this will continue to be reviewed.

MHR SB Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
Zepf	Sub-Acute Detoxification	217	19	100%	50%	Program Not on Track		Though there are two performance measures not being met, the program is still relatively on track. The primary issue for the lack of ppl being served has to do with factors that are outside of the provider's control (e.g. IMD exclusion coupled with bottleneck of individuals that need detox or STR). They have served 19 ppl, and the target is 217. The other performance measure not being met is that 59% of clients had a current Integrated Care Plan [target: 90%]. They changed their model to so that individuals go through assessment and have an individual plan of service prior to being admitted to sub-acute detox, so this will be amended in their contract. Program reports quarterly, so this will continue to be reviewed.
Zepf	Medication-Assisted Treatment (MAT): Suboxone	50	15	50%	N/A	Program Not on Track		None of the performance measures have targets, which is why they're not included. Of the 15 ppl, five were unsuccessfully discharged for failing to maintain abstinence after the initial stabilization stage of 30 days. 67% maintained abstinence while in the program, which is still below target [target: 80%]. The other outcome not being met is that 44% of clients remained in treatment for at least 90 days [target: 60%]. Program reports quarterly, so this will continue to be reviewed.
Zepf	Opioid Treatment Program (SASI)	70	49	0%	100%	Program Not on Track	Underspending to date	They are meeting their performance measures, but two of the three outcomes are not being met. These are 55.8% of ppl served will remain in treatment for a minimum of 90 days [target: 65%]. Also, 20.8% of clients that have been in the program will earn at least one take-home dose [target: 35%]. The third outcome was not included in the calculation here because they haven't administered their satisfaction surveys yet. Program reports quarterly, so this will continue to be reviewed.
Zepf	Mental Health Outpatient Services	1735	906	100%	100%	Program on Track	Underspending to date	No concerns with this program. The second outcome was not included in the calculation here because they haven't administered their satisfaction surveys yet.

MHR SB Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
Zepf	Multi-Systemic Therapy (MST--BHJJ)	48-60 youth	30	67%	100%	Program Not on Track		Program is on track with the first two outcomes. They continue to struggle with the same outcome, which is that youth will not be rearrested during MST treatment. The rate of those not rearrested is 65.2% [target: 75%]. Program reports quarterly, so this will continue to be reviewed.
Zepf	Engagement Services	300	360	100%	100%	Program on Track	Underspending to date	No concerns with this program at this time. Clients are reportedly being seen within 5 calendar days post-hospital discharge. Significant underspending of grant (31.9% used), particularly in light of how they have served more than the targeted amount for FY 2015.
Zepf	Preventing Psychiatric Emergencies	52	52	100%	100%	Program on Track	On target	No programmatic concerns at this time.

DETAIL: Prevention Programs

FY 2015 Provider Performance

First-Half Report

MHR SB Line of Business: Prevention

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
Adelante	Buena Vida Program	80 youth (summer and afterschool programming); 80 adults (community events)	68 youth (summer and afterschool programming); 214 adults (community events)	N/A	83%	Program on Track	Overspending to date	Outcomes cannot be measured until FYE, as they do not conduct post-tests until the end of the school year. All performance measures are on track or exceeding the FY targets, with the exception of # youth that participated in community service projects. Only 3 attended their one event [target: 25/event]. This was an issue last FY as well.
Adelante	Nosotras	65	11	100%	33%	Program Not on Track	Overspending to date	They have only gotten 11 women into the program, 9 of which were from the first quarter [target: 65]. The other performance measure they're not yet meeting is % of women that attended at least 10 sessions, as they're only at 72.7% [target: 85%]. The first outcome was met, with 100% of babies born ATOD-free (7/7). Two mothers miscarried, and one person dropped out of the program; by that calculation, there may only be one woman in the program. The last two outcomes are within the acceptable tolerance (80-100%), but they're not meeting the targets [85%]. The critical issue is that they're not reaching the number of women intended. They have several collaborations, and in both quarter 1 and half-year reporting, they noted that they need to do more outreach in order to get women into the program. Program was issued a 120-day notice, approved by the MHR SB.
Big Brothers/ Big Sisters	Mentoring Triad	45	24	N/A	0%	Program Not on Track	Slight overspending to date	Outcomes cannot be measured until FYE, as they do not conduct post-tests until the end of the school year. There is only one performance measure with a target, and it is not/will not be met: # youth that have attended the M3 program in previous years has a target of 0; however, 3 youth have attended in previous years. They have only achieved 53% of the # youth to be served with just a few months left in the program. MHR SB staff met with provider on 3/19/2015 to discuss concerns about few # ppl served. Client is going into another school and will conduct an accelerated afterschool curriculum in order to achieve # ppl served. Third quarter reporting will be required.

MHRBS Line of Business: Prevention

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
Harbor	School and Community Prevention	1,800	1,199	100%	100%	Program on Track	Slight underspending to date	No concerns at this time. Significant improvement over last year at this time. Grant is slightly underspent (45.3% used).
Harbor	Early Childhood Prevention	125 teachers; 75 parents	23 teachers; 34 parents	100%	0%	Program Not on Track	On target	No new sessions for teachers was started in quarter 2, as these were the same numbers reported in quarter 1. Significant knowledge gain reported from the classes that were finished for teachers and parents. Spending is on target (48.2% used), but provider has only reached 28.5% of the intended number of individuals for FY 2015). Program reports quarterly, so this will continue to be reviewed.
Harbor	Heroin-Opiate Initiative	2,000	832	N/A	50%	Implementation Year	Slight underspending to date	They have created three videos instead of two and have presented to 810 ppl over the 800 anticipated for the FY. Two performance measures aren't quite on track by the half-year, and that is number of presentations (22 done out of 50-100), and their social media viewer engagement is low (8% engagement). MHRBS staff believe that the first performance measure will be met. Provider reports on a quarterly basis, so this will be monitored.
Harbor	Community Senior Prevention	260	119	N/A	50%	Implementation Year	Slight underspending to date	The outcomes do not have targets for FY 2015. However, 90% have completed the successfully completed the 6-week course. Of those 38.3% perceived that ATOD use and medication misuse was harmful, and 37.4% were able to identify early signs and symptoms of depression.
Learning Club	After School	50-60	49	N/A	100%	Program on Track	Underspending to date	No programmatic concerns at this time. Significant underspending (34.2% used).
NAMI	Step Up, Stop Suicide	500	698	N/A	86%	Program on Track	Slight overspending to date	This program is far surpassing their performance measure targets, with the exception of the viewer engagement measure. This will be revised for FY 2016.

MHRBS Line of Business: Prevention

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
SCAT	Community Drug Drop-Off	1,000 participants (500 per event)	287 participants at first event	N/A	67%	Program Not on Track	Underspending to date	Provider was issued a 120-day notice, approved by the MHRBS on 2/17/2015. It is unclear how the program will be handled for the remainder of FY 2015, since the DEA no longer hosts the Take-Back Day events. Program measures that are not on track are number of ads in local papers/bulletins (40% fulfilled), and # ppl that attended each event (287 at first event, when 500 were targeted). Third quarter reporting will be required.
SCAT	Parent Training and Education	[Benchmark]	875 duplicated: 0 parents (workshops); 800 ppl attended community events; 75 ppl attended Town Halls; 0 servers (training)	N/A	50%	Program Not on Track	Underspending to date	This is a newly funded program for the MHRBS, but was previously in existence prior to MHRBS funding. Most of the performance measures in the contract do not have targets, as this is a benchmark year; as such, only 2 out of 5 performance measures are calculated into the total to the left. They aren't meeting the measure regarding monthly parent workshops (they've completed 0) as they only just received the curriculum. They have spent 31.4% of their grant by Dec 31, but it's not clear if the underspending is due to not hosting the parent workshops. Third quarter reporting will be required.
Swanton Area CC (SACC)	Parent Involvement	25 Parents of SEED; 150 community members	87 Parents of SEED; 750 community members [as reported]	N/A	89%	Program Not on Track	Underspending to date	Reported numbers for the half-year were unclear. Provider was issued a 120-day notice, approved by the MHRBS on 2/17/2015. Issues cited in the 120-day notice letter include unclear implementation of required action plan(s), uncertainty that Four County ADAMHS Board will continue funding, and stability of staff and financial viability of provider is questionable.
UMADAOP	Heroin-Opiate Initiative	[Benchmark]	N/A	N/A	0%	Implementation Year	Underspending to date	Significant underspending of the grant (37.7% used). Unclear if provider is on track with contracted performance measures.
UMADAOP	Circle for Recovery (CFRO)	50	27	100%	100%	Program on Track	On target	No concerns at this time.
UMADAOP	Healthy Workplace	100	41	100%	50%	Program on Track	Slight underspending to date	The performance measure not on track is # ppl served. Target is 100, and they have served 41. All outcomes are on track or exceeding the targets.
Unison	Prevention Services	N/A	N/A	N/A	0%	Program on Track	Overspending to date	Programming completed thus far appears to be on track, though much of it is to be completed in the second half.

MHRBS Line of Business: Prevention

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
United Way	Social/ Emotional Learning	22	18	N/A	N/A	Program on Track		The reporting submitted by United Way shows that the SEL program (training for teachers) appears to be on track so far this fiscal year.
Zepf	Gambling Prevention	N/A	N/A	N/A	33%	Program Not on Track	Underspending to date	Provider was unable to produce the results of the social media performance measure due to moving the responsibility from a contract position to an internal position; they are continuing to work to get these results. The reported performance measure that doesn't appear to be on track is the number of presentations to be performed. Provider did four in the first half, but reported that ten were scheduled for the second half [target: 15 presentations]. Significant underspending of grant (38% used). Third quarter reporting will be required.

DETAIL: Support Services

FY 2015 Provider Performance

First-Half Report

MHR SB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
A Renewed Mind	CET Training	2 employees	2 employees	N/A	67%	Program Not on Track	N/A	They are not meeting the performance target of having two groups and 8-12 clients per group; however, this has been stated previously and is well known, as SPMI clients were not their typical population. They still have two employees in training, and the fourth performance measure is not applicable until the groups are completed. The number of performance measures has been counted as 3 until the end of the fiscal year when the fourth measure will count. Also, provider has not reported their program spending for this period (as of 02/18/2015). Program reports quarterly, so this will continue to be reviewed.
ABLE	Gov't Benefits; Psych. Testing	75	60	100%	100%	Program on Track	Underspending to date	The majority (77%) of the cases are new in FY 2015, which surpassed the target for this performance measure. 28/60 of the cases have closed in the first half. The total dollar amount of full or partial benefits awarded was \$513,633.40. Of the cases closed and accepted for full representation, 68% resulted in an award of some or all of the benefits clients sought [target: 65%]. The underspending (35.8% used) is significantly less than last year at this reporting period. Psychological testing: Case pursued and won as a result of the psychological testing.
ABLE	MH Impact Project	N/A	N/A	100%	100%	Program on Track	Underspending to date	There are nine advocacy projects underway with five cases being pursued under the umbrella of this program. Two projects under this program have closed in the first half of FY 2015. The one performance measure with a target is surpassing the target (10/12 presentations have been conducted). Significant underspending of the grant (33.2% used).
Family Services	Breaking the Cycle	200 adults; 400 youth	21 adults and youth	50%	0%	Program Not on Track	Underspending to date	None of the performance measures that have targets are being met (# ppl to be served, # 8-wk groups to be completed, average length of stay). The first outcome is on track if the number of ppl served is not a consideration. The second outcome re: successfully completing the RLH curriculum is not met because no family has completed it. Provider was issued a 120-day notice, approved by the MHR SB on 2/17/2015.

MHR SB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
Harbor	CET Training	2 employees	6 employees	N/A	100%	Program on Track	Underspending to date	No concerns at this time. There are 17 clients being served between two groups. The number of performance measures has been counted as 3 until the end of the fiscal year when the fourth measure will count. Provider did not use POS funds in the first half of FY 2015; half-year spending analysis is based on grant spending only.
LC Adult Probation	Forensic Monitor	N/A	47	67%	50%	Program Not on Track	Overspending to date	The performance measure not being met is the completion of the Forensic Monitor Manual. The outcome not being met is that 60% of NGRI clients on community release will engage in a minimum of 20 hours of structured activity per week [target 80%]. Some of the clients have physical limitations and are unable to participate. Program reports quarterly, so this will continue to be reviewed.
Mercy St. Vincent	Mother and Child Dependency	100	23	N/A	67%	Program Not on Track	Slight underspending to date	Provider is meeting all outcomes and performance measures with targets, with the exception of the performance measure regarding number of clients to be served. Turnover of key program staff at Mercy appears to have had a negative effect on the program follow-through. Provider was issued a 120-day notice, approved by the MHR SB on 2/17/2015.
NAMI	Family Education, Support, and Outreach and Advocacy	77 ppl in education; 155 support attendees	41 ppl in education; 288 support group attendees	100%	100%	Program on Track	Overspending to date	Almost all performance measures and outcomes have been exceeded by the half year. Grant is overspent, but not enough to account for how high their numbers are (53.1% used).
NAMI	Creative Expressions	400 participants (unduplicated); 9 peer mentors	364 participants (unduplicated); 17 new peer mentors (60 total)	100%	100%	Program on Track	Slight overspending to date	Two of the outcomes are regarding improved perception (SWG target). NAMI reports high levels of satisfaction, as well as an exceptionally high turnout rate.

MHR SB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
NAMI	Family Navigator	10 mentors; 10 mentees	3 mentors; 1 mentee	N/A	0%	Implementation Year	Underspending to date	Just looking at the numbers in the Attachment 3, the program doesn't appear to be on track. However, the family navigator has become the resource and receives several calls a day from families looking for help. One mentor/mentee relationship has been established, but it hasn't closed yet so the two outcomes cannot yet be measured. Significant underspending (35.9% used), but that may be because stipends haven't been given since no family has completed the relationship.
NPI	ACF Operations	114	110	100%	50%	Program on Track	On target	No programmatic concerns at this time.
NPI	Rental Assistance and Support	110	112	100%	50%	Program on Track	Slight overspending to date	No programmatic concerns at this time.
NPI	PATH	300 engaged; 200 enrolled	135 engaged; 114 enrolled	50%	100%	Program Not on Track	On target	82% of the individuals enrolled in PATH linked with mental health services [target 67%]. However, 13.9% of clients enrolled in PATH moved to housing [target: 20%]. This is inclusive of ppl who were enrolled starting in FY 2014 and ppl who moved into non-PSH. Program reports quarterly, so this will continue to be reviewed.
NPI	Road to Recovery	18	19	N/A	75%	Program on Track	Underspending to date	The only performance measure not being met is % of positive/neutral reasons for leaving. One of out the three ppl that left was unsuccessfully discharged.
NPI	Peer Recovery Support Services	840 engaged; 4 peer mentors	126 engaged; 5 peer mentors	100%	67%	Implementation Year	Underspending to date	Implementation year for newly developed program.
NPI	PSH Modernization	N/A	N/A	N/A	N/A	N/A	On target	The Board's investment will used in the Phase 2 and 3 projects which will begin later this year and will be completed in 2016. NPI has used the Board's \$1.2 million to leverage another \$2.6 million from other funders to support their modernization project.
Rescue	JDC/BHJJ Referrals into MST	920 youth	181 youth; 275 episodes	100%	0%	Program Not on Track	On target	Only one assessment has been performed [target: 72+]. However, it may be due to an internal reporting issue on the part of the provider. Program reports quarterly, so this will continue to be reviewed.

MHR SB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
St. Paul's	Payee	525	533	N/A	100%	Program on Track	Slight underspending to date	No concerns with this program at this time.
St. Paul's	Shelter and Outreach Coordinator	375 ppl served; 30% successfully housed at discharge	133 served; 29% successfully housed at discharge	50%	0%	Program Not on Track	Slight overspending to date	Program doesn't appear to be on track due to changes in the CoC. Clients are staying in the shelter for 39 days on average, and clients needing to get into PSH have been delayed, reportedly not due to SPCC. As stated by the provider, the Outreach Coordinator has been effective in reducing the barriers to getting into housing, such as helping them procure necessary paperwork in a timelier manner. Third quarter reporting will be required.
St. Paul's	Winter Crisis Program	N/A	N/A	N/A	N/A	N/A	Slight overspending to date	Shelter opened January 2. Reporting due after the close of the program or third quarter.
TASC	Forensic Linkage	1,500	1,424 (out of 2,016 referred)	100%	N/A	Program on Track	Overspending to date	No concerns with this program at this time. They appear to be seeing more ppl referred to them than in the past. Of the 2016 ppl referred, 592 refused to be screened.
TASC	Release to Recovery (Ex-Offender Mini-Grant)	42	17	100%	0%	Program on Track	Underspending to date	Four out of their five performance measures do not have targets, so they are not calculated here. The one performance measure with a target is the # ppl to be served. They're serving 40.5% (17/42) of what is anticipated for the fiscal year. Grant is underspent (40.8% used). They are exceeding the one outcome (17/17 received a DA at Central Access).
TASC	Family Drug Court Case Manager	20	24	100%	100%	Program on Track	Underspending to date	Grant is significantly underspent (29.4% used); however, they are serving 120% of the projected amount for FY 2015). Only one person discharged, so the outcome is on track so far: 100% were abstinent at discharge from Family Drug Court program.
TASC	DYS	40 youth	43 youth	100%	100%	Program on Track	Slight overspending to date	Provider is still serving more clients than anticipated; they were at this level by the end of the first quarter (19 post-release and 24 pre-release). They're only slightly overspending their grant (53.3% used).
TASC	Operating Grant	700	388	100%	100%	Program on Track	Overspending to date	Newly funded program for MHR SB. No programmatic concerns at this time. Grant is overspent (65.5% used).

MHR SB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
TASC	Community Innovations	400 over life of grant	80	0%	N/A	Program Not on Track	Slight overspending to date	126 ppl were referred from booking, and of those 80 were assessed. Neither outcome is being met, as only 10% of those recommended for treatment were connected (target 50%), and of those, 50% were not rearrested (target 60%). Third quarter reporting will be required.
TASC	Community Transitions	[Benchmark]	[Benchmark]	100%	N/A	Program Not on Track	Underspending to date	Provider was issued a 120-day notice, approved by the MHR SB on 2/17/2015. Basis is dramatic underspending and number of outcomes not being met.
Unison	St. Paul's MH	N/A	N/A	100%	N/A	Program Not on Track	On target	Provider was issued a 120-day notice, approved by the MHR SB on 2/17/2015.
Unison	Residential Support	15	15	100%	100%	Program on Track	On target	No concerns at this time.
Unison	CET Training	2 employees	6 employees	N/A	100%	Program on Track	Slight overspending to date	No concerns at this time. There are 26 clients being served between three groups. [It appears they added one group and 11 clients in the second quarter of FY 2015.] The number of performance measures has been counted as 3 until the end of the fiscal year when the fourth measure will count. Provider did not use POS funds in the first half of FY 2015; half-year spending analysis is based on grant spending only.
Wernert Center	Operations/ Club	600	403	100%	100%	Program on Track	On target	No concerns with this program at this time.
Wernert Center	Peer Enrichment	120 unduplicated	156 unduplicated	100%	100%	Program on Track	On target	No concerns with this program at this time.
Zepf	Residential Support	16	16	100%	100%	Program on Track	On target	No concerns at this time.
Zepf	CET Training	2 employees	5 employees	N/A	100%	Program on Track	Overspending to date	No concerns at this time. There are 16 clients being served between two groups. [It appears they added one client in the second quarter of FY 2015.] The number of performance measures has been counted as 3 until the end of the fiscal year when the fourth measure will count. Provider did not use POS funds in the first half of FY 2015; half-year spending analysis is based on grant spending only.

MHRSB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	% of Outcomes on Track	% of Performance Measures on Track	Likelihood to Achieve Outcomes by EOY	Spending	Program Analysis (Half-Year)
Zepf	Recovery to Work	350	194	N/A	N/A	N/A		<p>By the end of December, the project had completed the first quarter, as it runs on the Federal fiscal year (October-September). They identified the following challenges: project is rebuilding its reputation in the community after not taking referrals at certain times; need to have ongoing discussion of how we better serve and develop hard to serve consumers who have multi challenges that impact job success; need to improve and increase job placements. There is no differentiation between performance measures and outcomes in their project goals reports, but they appear to be on track with 11/16 goals.</p>