

FY 2015 Year-End Provider Performance 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 noted 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”) reviews 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 Hospital 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; 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 (when applicable).

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

From the year-end reporting analyses, determinations are then made as to if a program should be adjusted or right-sized in the next fiscal year. Program “adjustments” are made to contractual program or performance/outcome measure revisions based on submitted performance data, whereas “right-sizing” a program usually involves a change in funding and/or staffing levels for a program. Programs are thus characterized as being “program on track/outcomes achieved,” “program not on track/outcomes not achieved,” or in an “implementation year.” Most 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/outcomes not achieved.

MHR SB staff 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/outcomes not achieved” may be required to submit quarterly reporting for the next fiscal year regardless of whether the program has been adjusted, right-sized, or neither. Some may be issued a 120-day notice, and this may occur at any stage of the reporting process. In FY 2015, some programs were 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 were little or no tracking measurements in the MHR SB Attachment 3; (b) may require an adjustment, 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

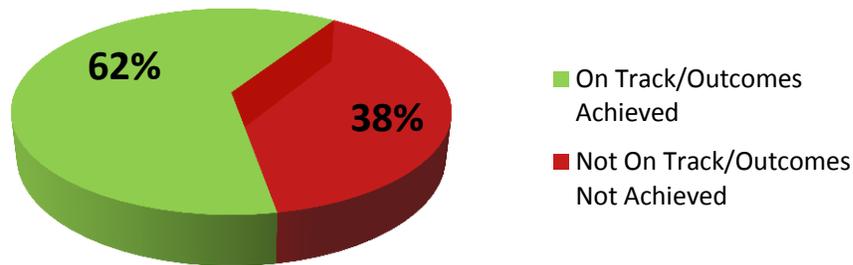
The first question addressed is how the system is doing as a whole, which is inclusive of the percentage of programs “on track/outcomes achieved” or otherwise, as well as numbers of people served. Provider programs and their outcomes are then delineated in the report by “line of business,” that is, “Treatment,” “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 83 programs at 24 providers funded by the MHR SB were reviewed for overall outcome performance according to each contract.

As a system, **62%*** of the programs met or were on track with 100% of their contracted outcomes by fiscal year-end. By comparison, 57% of the programs met the contracted outcomes in FY 2014.

Program Achievement in FY 2015*



** Excludes 20 programs that were either considered to be in the “implementation year” or did not have MHR SB outcome targets.*

- Treatment: 48% achieved all program outcomes by fiscal year-end (as compared to 45% in FY 2014)
- Prevention: 67% achieved all program outcomes by fiscal year-end (as compared to 45% in FY 2014)
- Support Services: 72% achieved all program outcomes by fiscal year-end (as compared to 75% in FY 2014)

Combining all programs across the three lines of business, the providers have served over 100% of the number of people contracted for the entire FY 2015. By comparison, providers served 98% of the number of people contracted to be served by fiscal year-end in 2014.

Treatment

Consistent with previous fiscal years, treatment providers were contracted to achieve two universal outcomes with respect to client satisfaction and criminal justice. All providers continue to report high client satisfaction scores (measured at least annually), and system-wide, the criminal justice recidivism outcome continued to exceed the goal.

Goal (all treatment providers): To provide cost-effective treatment services that aid consumers in minimizing the disability resulting from chronic mental illness.

Outcome: Clients in the MHR SB's population will report positively on their personal outcomes related to services they receive, measured annually (at a minimum) by the following three questions to the right.

Comments: Providers administer their proprietary consumer satisfaction surveys, including the three questions below, to their patients in paper or electronic format. Survey completion is voluntary, and results are not statistically representative of the individual programs, organizations, or system. Questions are answered on a Likert scale. The overall results are weighted averages of the individual program results. All providers reported satisfactory scores.

QUESTION:	AVERAGES [Weighted by # of Surveys]:
Agency staff listened carefully and understood my concerns and needs	92.2%
Agency staff treat me with respect and dignity	92.5%
The services I have received so far helped my problem or situation	89.3%
<i>Number of surveys collected:</i>	<i>2,911</i>

Goal (all treatment providers): 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.

Outcome: 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 same provider in FY 2015 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. By comparison, FY 2013 and FY 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	Lutheran SS	NEW CONCEPTS	UMADAOP	UNISON	ZEPF CENTER
N/A	96%	90%	87%	89%	91%	90%
Percent of MHR SB-subsidized clients active in treatment that were <u>not</u> booked on new charges:						92%

Goal (Hospital Engagement grant): Ensure timely access to treatment and medication, and decrease symptomatology of mental illness and/or addiction.

Outcome: 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 that are admitted to Flower Hospital, 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: Mental health treatment providers have been awarded additional funding for the Hospital Engagement grant since FY 2014 to accomplish this newer goal (System-Wide Goals, Strategy 2: Restore). By fiscal year-end, it was reported that clients had received psychiatric treatment services in 5.5-13 days on average. By comparison, the average was reportedly 7-32 days in calendar year 2013 and 8-12 days in 2014. The no-show rate (inclusive of client choice²) to the assigned provider post-hospital discharge was 63%. By comparison, the no-show rate in 2014 was reportedly 34%; and in 2013, it was reportedly 52%. Taking the no-show rate into account, 28% of mental health clients discharged from the hospital received psychiatric treatment services within 7 calendar days of discharge, which is below the target of at least 50%. By comparison, 40% of mental health clients discharged from the hospital received psychiatric treatment services within 7 calendar days of discharge in FY 2014. While the Quality Council will examine the metrics³ of this program in their FY 2016 work plan, it is recommended that a professional evaluator work alongside to review the variables that lead to better success rates across each provider’s program. Best practices can then be shared with all providers thereafter.

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. <i>[Client choice is factored into average.]</i>			
QUESTION:	HARBOR	UNISON	ZEPF CENTER
Percentage of clients who received "psychiatric treatment services" (defined above) within 7 calendar days of post-hospital discharge	23%	22%	38%
Percentage of clients that did not appear for their scheduled post-hospital discharge appointment (no-show rate)	63%	62%	64%
Percent of clients that received psychiatric treatment services within 7 calendar days of discharge into the MHR SB system:			28%

² “Client choice” is defined here as an individual’s choice not to accept an appointment at the referred provider within 7 calendar days of discharge, either because s/he prefers a different provider (which may have longer wait times); his/her current provider does not have availability within 7 calendar days; and/or the appointment times offered within 7 calendar days at any of the providers do not work with the client’s schedule.

³ Differences in the way information was captured in the providers’ Electronic Health Records (EHR) systems over the past two years may be a contributing factor to the year-over-year variance. The data should stabilize after the metrics are examined by the Quality Council.

Goal (Preventing Psychiatric Emergencies grant): Reduce admission to inpatient care.

Outcome: 50% of the high-utilizing mental health clients in the Preventing Psychiatric Emergencies (“PPE”) program will not be admitted to the hospital/Rescue CSU.

Comments: Mental health treatment providers have been awarded additional funding since FY 2014 to accomplish this newer 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, which is positive⁴. While the Quality Council will examine the metrics of this program in their FY 2016 work plan, it is recommended that a professional evaluator work alongside to review the variables that lead to better success rates across each provider’s program, particularly because the programs and their definitions of “high-utilizer” vary greatly from provider to provider. Best practices can then be shared with all providers thereafter.

OUTCOME: Reduce admission to inpatient care.			
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
Total number of high-utilizers in providers' PPE programs	22	220	63
Percent of high-utilizers in PPE programs that were not admitted to a hospital or Rescue CSU in FY 2015	68%	51%	33%
Overall percent of high-utilizers in PPE programs that were not admitted to a hospital or Rescue CSU in FY 2015:			49%

Goal (AOD-only treatment programs): To increase the likelihood of outpatient treatment success by retaining clients long enough for treatment to be effective.

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 clean for 30 days prior to discharge.

Comments: AOD treatment providers (with the exception of medication-assisted treatment) were asked to incorporate this outcome as a measure of success⁵. Agencies 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, half of the AOD treatment programs met these outcomes in FY 2015. *[see next page for comparison chart of results]*

⁴ A comparison to FY 2014 is not presented here, due to a change in the way the measure was previously calculated.

⁵ The Rapid Response programs funded midway through FY 2015 include providers A Renewed Mind, Lutheran Social Services, and UMADAOP. In order to be included in the successful discharge measure, individuals would have had to have been in the program for a minimum of 90 days. At the time of reporting, most individuals at these providers were not, and therefore, data were omitted from the comparison.

AOD TREATMENT 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	ZEPF CENTER: AOD OUTPATIENT
FY 2015: percentage of persons who remained in treatment for a minimum of 90 days	62%	71%	40%	47%
FY 2015: percentage of persons successfully discharged after 90 days [defined above]	44%	39%	44%	80%

Noted earlier in this report was that 48% of the treatment programs met the contracted outcomes. The following programs were reported to have not met all of their outcomes:

Provider	Program
Harbor	Engagement Services
Philio/New Concepts	AOD Outpatient
Unison	Adult AOD
Unison	AOD/Dual Recovery Outpatient Services
Unison	Engagement Services
Zepf	Engagement Services
Zepf	Medication-Assisted Treatment (MAT): Suboxone
Zepf	Multi-Systemic Therapy (MST--BHJJ)
Zepf	Preventing Psychiatric Emergencies
Zepf	Problem Gambling Treatment
Zepf	Opioid Treatment Program (SASI)
Zepf	Sub-Acute Detoxification

The programs highlighted in yellow were noted in the half-year report as being not on track to meeting their outcomes by the fiscal year-end as specified below. (Details for all programs are presented as an attachment to this report.)

- Unison Adult AOD: Observed throughout the fiscal year that the first part of treatment outcome was not being met: 40% of clients that entered OP treatment remained in treatment for a minimum of 90 days [target 60%].
- Unison AOD/Dual Recovery Outpatient Services: Observed throughout the fiscal year that the first part of AOD treatment outcome was not being met: 52% of clients that entered OP treatment remained in treatment for a minimum of 90 days [target 60%].
- Zepf MAT (Suboxone): Observed throughout the fiscal year that clients were reportedly not maintaining abstinence while in the program [actual: 71%, target: 80%]. This measure has been revised for FY 2016 and will be monitored on a quarterly basis, and the Quality Council will discuss AOD metrics—including abstinence—this fiscal year.

- Zepf MST: Program continues to struggle with the same outcome, which is that youth will not be rearrested during MST treatment [actual: 64%; target: 75%].
- Zepf Problem Gambling Treatment: Provider did not serve the anticipated number of individuals. Slightly fewer than 50% of people identified did follow through with treatment.
- Zepf Opioid Treatment (SASI): Observed through the fiscal year that the percentage of clients earning take-home doses is less than anticipated [actual: 22%; target: 35%]. Outcome has been adjusted for FY 2016, though it will continue to be monitored on a quarterly basis.
- Zepf Sub-Acute Detoxification: Observed through the fiscal year that 87% of clients had a current Integrated Care Plan [target: 90%]. However, they changed their model, so this measure was removed for FY 2016's contract. Additionally, only 20% of clients who completed detox reportedly transitioned into the next appropriate level of care [target: 60%].

The identified programs above will be required to submit quarterly reporting in FY 2016.

Prevention

FY 2015 was the second year in the three-year RFP prevention funding cycle. The emphases on all programs awarded funding were increasing the perception of harm for alcohol, tobacco, and other drug (ATOD) use in youth; increasing resistance skills to avoid ATOD use and abuse; and population-based level change with respect to increasing the age of onset of alcohol use. Additional prevention programs were funded through the FY 2014 RFI process, and many of the performance expectations carried into these contracts as well.

School-based programming represented a large portion of the RFP prevention funding cycle, targeting primarily 8-13 year-old youths.

Goal (school-based prevention programming): The age of onset, as well as future use or abuse, of ATOD will be mitigated by increasing youths' resistance skills, perception of non-use to be the norm, and perception of harm.

Outcome: 75-85% of youth in school-based prevention programming will gain knowledge.⁶

Comments: All prevention providers achieved the knowledge-gain outcomes.

Prevention Programming					
TARGET: 75-85% of youth will gain knowledge in the following areas.					
Measures	ADELANTE: Buena Vida (grade 6)	BBBS: M3 Mentoring Triad (grades 3-8)	HARBOR: School and Community (grades 3-6)	HARBOR: School and Community (grades 7-8)	Totals:
<i>Number of youth served</i>	103	29	715	538	1385
Youth will utilize resistance skills to avoid ATOD use.	82%	100%	-	-	85%
Youth will perceive ATOD non-use to be the norm.	81%	100%	-	-	84%
Youth will perceive ATOD use as harmful.	85%	76%	86%	92%	88%
Youth will report a reduced intention to use ATOD.	81%	-	-	-	81%

⁶ Outcomes are selected per program by providers based on curricula used.

Additional prevention programming, particularly those that fit the population-based level change strategy in the RFP, do not have comparative data. Nevertheless, notable achievements include:

- Unison’s universal multi-media AOD prevention campaign has reportedly resulted in over 17,000,000 impressions in the community.
- Over 1,200 people have signed the Toledo Pledge as part of the gambling prevention efforts.

Noted earlier in this report was that 67% of the prevention programs met the contracted outcomes. By year-end, the following programs were reported to have not met all of their outcomes and/or program expectations:

Provider	Program
Adelante	Nosotras <i>[issued 120-day notice]</i>
Big Brothers/ Big Sisters	Mentoring Triad
Harbor	Early Childhood Prevention
SCAT	Community Drug Drop-Off
SCAT	Parent Training and Education

At time of the half-year reporting, all of the programs highlighted in yellow above were noted as being not on track to meet their outcomes by the fiscal year-end as specified below. (Details for all programs are presented as an attachment to this report.)

- Adelante Nosotras: Program received 120-day notice for performance (primarily lack of participants in order to substantiate the program expansion for which they were being funded), and was, thus, not renewed for MHRSB funding in FY 2016. Otherwise, the outcomes achieved were acceptable for the number of people served in the program.
- BBBS M-3 Mentoring Triad: Observed throughout the fiscal year that number of youth served was not on target, and ultimately was not achieved. Provider was unable to get into enough schools to reach the contracted number of youth to be served.
- Harbor Early Childhood Prevention: Observed throughout the fiscal year that the number of teachers projected to be served would not be met, and provider reported that the market may be saturated with the curriculum used. Such feedback was considered for FY 2016's contract, and program is appropriately adjusted as a result.
- SCAT Community Drug Drop-Off: Provider was issued a 120-day notice, approved by the MHRSB on 2/17/2015; however, the notice was ultimately revoked once the provider communicated their plans to handle the remainder FY 2015, since the DEA no longer hosts the Take-Back Day events. Program measures that were not achieved were number of ads in local papers/bulletins (actual: 19; target: 20), and number of people that attended events (actual: 618; target: 1,000).
- SCAT: Parent Training and Education: Observed throughout the fiscal year that provider was not on track with conducting monthly parent workshops (actual: 3; target: 12).

With the exception of Adelante’s Nosotras program, the identified programs above will be required to submit quarterly reporting in FY 2016.

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 achievements include:

- The Wernert Center’s satisfaction survey showed 85% report that attending the Wernert Center has increased their social connectedness, and 77% self-report having decreased hospitalizations since attending.
- All housing and residential support programs exceeded their outcome to keep people housed for 12 consecutive months.
- An NPI tenant in the Road to Recovery program completed AOD treatment and was successfully released from parole the following month. Thereafter, he was nominated for “Person of the Year” by his case manager at another funded provider for his volunteer work.
- 31 out of 32 babies born to mothers in Adelante’s Nosotras program and Mercy St. Vincent’s Mother and Child program were born free of illicit drugs.

Currently, there are no contracted universal outcomes for the support services line of business, as each program is unique in terms of the populations to be served and the services offered. Nevertheless, 72% of the programs within this category met the contracted outcomes. By year-end, the following programs were reported to have not met all of their outcomes and/or program expectations:

Provider	Program
Family Services	Breaking the Cycle
Mercy St. Vincent	Mother and Child Dependency
NPI	PATH
St. Paul's	Shelter and Outreach Coordinator
TASC	Community Innovations
TASC	Community Transitions
TASC	Operating Grant

At time of the half-year reporting, the programs highlighted in yellow above were noted as being not on track to meet their outcomes by the fiscal year-end as specified below. (Details for all programs are presented as an attachment to this report.)

- Family Services of Northwest Ohio Breaking the Cycle: Observed throughout fiscal year that program was not serving the anticipated number of individuals. Program has been right-sized for FY 2016.
- Mercy St. Vincent Mother and Child Dependency: Observed throughout fiscal year that program was not serving the anticipated number of individuals. Program has been right-sized for FY 2016.
- NPI PATH: Observed throughout fiscal year that program was not serving the anticipated number of individuals. Program measures have been adjusted for FY 2016.
- St. Paul’s Community Center Shelter and Outreach Coordinator: Observed throughout the fiscal year that program was not serving the anticipated number of individuals. Additionally, clients

stayed in the shelter for 47 days on average [target: 30 days], and clients needing to get into PSH (permanent supportive housing) have been delayed. Issue appears to be the community's housing Continuum of Care ("CoC"), and both SPCC and the CoC will be monitored.

- TASC Community Innovations, Transitions, and Forensic Linkage Project: Observed throughout the fiscal year that Community Innovations and Community Transitions did not serve the number of individuals anticipated. The MHR SB has extended TASC's contract twice in FY 2016. Staff are actively working with TASC to negotiate a singular program that consolidates the MHR SB's investment to have comprehensive services that will support this population.
- Additionally, Unison's St. Paul's Community Center Mental Health Liaison program was issued a 120-day notice on February 17, 2015, and was not funded in FY 2016.

With the exception of Unison's St. Paul's Community Center Mental Health Liaison program, the identified programs above will be required to submit quarterly reporting in FY 2016.

Details for all programs are presented as an attachment to this report.

Sources

- Agency self-reported outcomes data submitted via SurveyMonkey (based on the Attachment 3 of the MHR SB provider agreements, FY 2013, FY 2014, and FY 2015)
- 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 of LC Treatment Services Utilization Report – 7/1/2014-12/31/2012
- MST Program Implementation Review report (January 2015) [Zepf Center]
- Recovery to Work Goals report (July 2015) [Zepf Center]
- MGB Cases Worked on Between 7/1/2014 and 6/30/2015 [ABLE]
- ABLE MH Impact Advocacy Project Biyearly Reporting Spreadsheet FY15 [ABLE]
- NAMI Basics Spring Evening Class 2015 at NAMI Office [NAMI]
- F2F Spring Latino Evening Class 2015 [NAMI]
- F2F Spring Flower Hospital Evening Class 2015 [NAMI]
- NAMI Homefront Spring Class 2015 [NAMI]
- 6-30-15 ACF DATABASE [NPI]
- 6-30-15 Applicant Logs [NPI]
- 6-30-15 Clients Housed Database [NPI]
- PATH HOUSING BREAKDOWN [NPI]
- Recovery Peer Employment [NPI]

DETAIL: Treatment Programs

FY 2015

Year-End Provider Performance Report

MHR SB Line of Business: Treatment

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
A Renewed Mind	Rapid Response Non-Medicaid AOD Outpatient Tx	21	Implementation Year	Program was newly funded by MHR SB, beginning in the last half of the FY. Provider reported that 95% of clients referred from Central Access accessed treatment at ARM within 3 business days after their assessment. In anticipation of a "no wrong door" approach, the program in FY 2016 is no longer considered "Rapid Response" within 72 hours; rather, it is simply meaningful AOD treatment within 48 hours of an assessment.	No
A Renewed Mind	Vivitrol in the Jail	13	Implementation Year	53.8% of individuals who participated in treatment maintained their monthly injections [target: 90%]. MHR SB staff are reviewing the outcome measure for FY 2016 and will monitor the program on a quarterly basis.	Yes
Harbor	AOD Outpatient Services	73	Implementation Year	Provider reported that, since the program was new and they wanted to ensure the program met client needs, they conducted monthly client satisfaction surveys throughout the implementation year and made improvements based on the client's reporting. No programmatic concerns at this time.	No
Harbor	Engagement Services	450	Program Not on Track/Outcomes Not Achieved	23% of clients received psychiatric treatment services within 7 calendar days of discharge from private or public hospitals [target: 50%]. Quarterly reporting will be required.	Yes
Harbor	Mental Health Outpatient Services	1245	Program on Track/Outcomes Achieved	No concerns with the program at this time.	No
Harbor	Preventing Psychiatric Emergencies	22 high-utilizers; 190 that frequently miss medical appts	Program on Track/Outcomes Achieved	68% of the individuals in the PPE program were not admitted to a public or private hospital or Rescue CSU in FY 2015 [target: ≥50%].	No
Lutheran Social Services	Rapid Response Non-Medicaid AOD Outpatient Tx	7	Implementation Year	Program was newly funded by MHR SB, beginning in the last half of the FY. Provider reported that 71% (5/7) of clients referred from Central Access accessed treatment at LSS within 3 business days after their assessment. In anticipation of a "no wrong door" approach, the program in FY 2016 is no longer considered "Rapid Response" within 72 hours; rather, it is simply meaningful AOD treatment within 48 hours of an assessment.	No

MHRSB Line of Business: Treatment

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
Philio/New Concepts	AOD Outpatient Services	354	Program Not on Track/Outcomes Not Achieved	All measures and outcomes were met, with the exception of average length of stay [actual: 63 days; target: 90 days]. Quarterly reporting will be required. MHRSB staff and Quality Council are reviewing efficacy of AOD measures.	Yes
Philio/New Concepts	Specialized Integrated Outpatient Treatment	177	Implementation Year	No programmatic concerns at this time.	No
Rescue	Adult Crisis Unit (CSU)	677 adults	Program on Track/Outcomes Achieved	The average length of stay was 3.3 days, which is in the acceptable range.	No
Rescue	Central Access	2,173 Central Access; 34 support groups	Program on Track/Outcomes Achieved	Support group total was low due to changes in MHRSB policy regarding client eligibility for funding of treatment services, which led to a decreased need for pre-treatment groups at Central Access. Length of time between point of first contact and DA was 3.6 days on average, and assessments were completed within 1 hour, 39 minutes. (Both of these measures are on track.)	No
Rescue	Emergency Services	3,729 unduplicated adults; 4,642 episodes of care	Program on Track/Outcomes Achieved	All ten of the performance measures are without targets, hence why they're not calculated here. 79.4% 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%]. 96.7% of adult clients were considered to be at the "right place, first time" [target: 75%]	No
Rescue	Psychiatric Inpatient Services	2,641	N/A	2,641 unduplicated clients; 3,745 episodes of care. No targeted performance or outcome measures.	No
Rescue	Youth Crisis Unit (CACSU)	376 youth	Program on Track/Outcomes Achieved	The average length of stay was 3.4 days, which is in the acceptable range.	No

MHR SB Line of Business: Treatment

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
UMADAOP	Rapid Response Non-Medicaid AOD Outpatient Tx	1	Implementation Year	Program was newly funded by MHR SB, beginning in the last half of the FY. Provider reported that the one client that showed up for treatment was able to receive such at UMADAOP within 3 days of the Central Access assessment. In anticipation of a "no wrong door" approach, the program in FY 2016 is no longer considered "Rapid Response" within 72 hours; rather, it is simply meaningful AOD treatment within 48 hours of an assessment.	No
Unison	Adult AOD	418	Program Not on Track/Outcomes Not Achieved	First part of tx outcome is not being met: 40% of clients that entered OP tx remained in tx for a minimum of 90 days [target 60%]; and of those, 45% were successfully discharged as measured by both completing their tx goals and being clean for 30 days prior to discharge [target 40%]. Quarterly reporting will be required. MHR SB staff and Quality Council are reviewing efficacy of AOD measures.	Yes
Unison	AOD/Dual Recovery Outpatient Services	221	Program Not on Track/Outcomes Not Achieved	First part of treatment outcome is not being met: 52% of clients that entered OP tx remained in tx for a minimum of 90 days [target 60%]; and of those, 40% were successfully discharged as measured by both completing their tx goals and being clean for 30 days prior to discharge [target 40%]. Quarterly reporting will be required. MHR SB staff and Quality Council are reviewing efficacy of AOD measures.	Yes
Unison	Engagement Services	731	Program Not on Track/Outcomes Not Achieved	22% of clients received psychiatric treatment services within 7 calendar days of discharge from private or public hospitals [target: 50%]. Quarterly reporting will be required.	Yes
Unison	Mental Health Outpatient Services	1,036 adults and youth	Program on Track/Outcomes Achieved	No concerns with the program at this time.	No
Unison	PACT	77	Program on Track/Outcomes Achieved	Program is over-capacity, but provider reports that they are able to manage staffing levels at this time.	No
Unison	Preventing Psychiatric Emergencies	220	Program on Track/Outcomes Achieved	51% of the individuals in the PPE program were not admitted to a public or private hospital or Rescue CSU in FY 2015 [target: ≥50%].	No

MHR SB Line of Business: Treatment

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
Zepf	AOD Outpatient Treatment	76	Program on Track/Outcomes Achieved	No concerns with the program at this time.	No
Zepf	Engagement Services	601	Program Not on Track/Outcomes Not Achieved	38% of clients received psychiatric treatment services within 7 calendar days of discharge from private or public hospitals [target: 50%]. Quarterly reporting will be required.	Yes
Zepf	Medication-Assisted Treatment (MAT): Suboxone	27	Program Not on Track/Outcomes Not Achieved	Of the 27 people funded with MHR SB non-Medicaid funds, 12 were unsuccessfully discharged for failing to maintain abstinence after the initial stabilization stage of 30 days. 71% maintained abstinence while in the program, which is below target [target: 80%]. This measure has been revised for FY 2016 and will be monitored on a quarterly basis.	Yes
Zepf	Mental Health Outpatient Services	1,181	Program on Track/Outcomes Achieved	No concerns with the program at this time.	No
Zepf	Multi-Systemic Therapy (MST--BHJJ)	69	Program Not on Track/Outcomes Not Achieved	Program continues to struggle with the same outcome, which is that youth will not be rearrested during MST treatment [actual: 64%; target: 75%]. They also did not achieve the outcome that youth will maintain their educational/vocational involvement [actual: 68%; target: 75%]. Program reports quarterly, so this will continue to be reviewed.	Yes
Zepf	Preventing Psychiatric Emergencies	52	Program Not on Track/Outcomes Not Achieved	33% of the individuals in the PPE program were not admitted to a public or private hospital or Rescue CSU in FY 2015 [target: ≥50%]. Quarterly reporting will be required.	Yes
Zepf	Problem Gambling Treatment	45	Program Not on Track/Outcomes Not Achieved	Performance measures and outcomes are being met, with the exception of number of people that were identified as needing treatment and did, then, engage in treatment. Just under 50% of people identified actually followed through with treatment. Nevertheless, the average number of sessions attended for participants is on track [actual: 6.6 sessions attended on average; target: 6 sessions on average]. Additional reporting will be required in FY 2016 to monitor the number of individuals that engage in treatment after being identified as needing such.	Yes

MHR SB Line of Business: Treatment

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
Zepf	Short-Term Residential Treatment (STR)	31	N/A	Program has been discontinued and has been transitioned into Recovery Housing. Services for FY 2016 have been unbundled into outpatient treatment services.	N/A
Zepf	Opioid Treatment Program (SASI)	67	Program Not on Track/Outcomes Not Achieved	Performance and outcome measures were met, with the exception of clients earning take-home doses [actual: 22%; target: 35%]. Outcome has been adjusted for FY 2016, though it will continue to be monitored on a quarterly basis.	Yes
Zepf	Sub-Acute Detoxification	89	Program Not on Track/Outcomes Not Achieved	They have served 89 non-Medicaid, MHR SB-funded individuals [target: 217], which was less than anticipated. The other performance measure not being met is that 87% of clients had a current Integrated Care Plan [target: 90%]. However, they changed their model, so this measure was removed for FY 2016's contract. 20% of clients who completed detox transitioned into the next appropriate level of care [target: 60%]. Quarterly reporting will be required.	Yes

DETAIL: Prevention Programs

FY 2015

Year-End Provider Performance Report

MHR SB Line of Business: Prevention

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
Adelante	Buena Vida Program	103 youth (summer and afterschool programming); 560 adults (community events)	Program on Track/Outcomes Achieved	All performance and outcome measures were achieved, with the exception of a measure related to an external grant for youth community service projects. Because this is not an MHR SB-required activity, nor is it required for the fidelity of the program, this single activity in the program was eliminated for the MHR SB FY 2016 contract.	No
Adelante	Nosotras	20	Program Not on Track/Outcomes Not Achieved	Program received 120-day notice for performance (primarily lack of participants in order to substantiate the program expansion for which they were being funded), and was, thus, not renewed for MHR SB funding in FY 2016. Otherwise, the outcomes achieved were acceptable for the number of people served in the program.	N/A
Big Brothers/ Big Sisters	Mentoring Triad	29	Program Not on Track/Outcomes Not Achieved	There was only one performance measure with a target, and it was not met: # youth that have attended the M3 program in previous years has a target of 0; however, 3 youth have attended in previous years. MHR SB staff met with provider on 3/19/2015 to discuss concerns about the few number of people served, which did not increase significantly. Program will be monitored on a quarterly basis.	Yes
Harbor	Community Senior Prevention	245	Implementation Year	The outcomes did not have targets for FY 2015; now that there is one year of data, their program will have targets for FY 2016. 89% successfully completed the 6-week course. Of those, 39% perceived that ATOD use and medication misuse were harmful, and 38% were able to identify early signs and symptoms of depression. MHR SB staff will work with the provider to update the program targets, and will then monitor the program on a quarterly basis.	Yes
Harbor	Early Childhood Prevention	53 teachers; 84 parents	Program Not on Track/Outcomes Not Achieved	Significant knowledge gain reported from the classes that were finished for teachers and parents. Provider was unable to reach the number of teachers projected, reporting that the market may be saturated with the curriculum used. Such feedback was considered for FY 2016's contract, and program is appropriately adjusted as a result. Quarterly reporting will be required.	Yes
Harbor	Heroin-Opiate Initiative	1,339	Implementation Year	They have created three videos instead of two. Though they did not do a minimum of 50 presentations [actual: 45], they reached 167% of the anticipated number of people to be served. Performance measure regarding their social media viewer engagement was not in line with the proposed target, but it has been adjusted for all applicable providers in FY 2016.	No

MHR SB Line of Business: Prevention

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
Harbor	School and Community Prevention	1,753	Program on Track/Outcomes Achieved	Provider met all outcomes for program. The one performance measure was number of youth served, which provider fell just shy of meeting (97%).	No
Learning Club	After School	62	Program on Track/Outcomes Achieved	Program expansion was successful in its first full fiscal year. 87% of teachers that completed a post-evaluation on their students involved in the program responded that participation in Learning Club resulted in improvements in math and reading skills, improved motivation to learn, and better grades on school report cards. 83% of students increased their reading and math scores by at least 1.0 grade level, exceeding the target of 80%.	No
NAMI	Step Up, Stop Suicide	1,448	Program on Track/Outcomes Achieved	This program surpassed their performance measure targets with the exception of one. Performance measure regarding their social media viewer engagement was not in line with the proposed target, but it has been revised for all applicable providers in FY 2016.	No
SCAT	Community Drug Drop-Off	618 participants at drug take-back event (2 events total)	Program Not on Track/Outcomes Not Achieved	Provider was issued a 120-day notice, approved by the MHR SB on 2/17/2015; however, the notice was ultimately revoked once the provider communicated their plans to handle the remainder FY 2015, since the DEA no longer hosts the Take-Back Day events. Program measures that were not achieved were number of ads in local papers/bulletins (actual: 19; target: 20), and # people that attended events (actual: 618; target: 1,000).	Yes
SCAT	Parent Training and Education	18 parents (workshops); 6,275 people attended community events; 203 people attended Town Halls; 41 servers (training)	Program Not on Track/Outcomes Not Achieved	Provider did not achieve the measure regarding monthly parent workshops (actual: 3; target: 12). Quarterly reporting will be required.	Yes

MHR SB Line of Business: Prevention

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
Swanton Area CC (SACC)	Parent Involvement	87 Parents of SEED; 750 community members [as reported]	Program on Track/Outcomes Achieved	Provider appears to have greatly exceeded all performance measures, with the exception of the one performance measure not achieved -- # parent pledges signed to not host underage drinking parties [actual: 83; target: 125]. Stability of staff and financial viability--cited as issues in FY 2015--are still a concern and will be monitored in FY 2016.	Yes
UMADAOP	Circle for Recovery (CFRO)	54	Program on Track/Outcomes Achieved	No concerns at this time.	No
UMADAOP	Healthy Workplace	107	Program on Track/Outcomes Achieved	No concerns at this time.	No
UMADAOP	Heroin-Opiate Initiative	463 at TAM awareness presentations; 250 at Town Hall meetings	Implementation Year	Provider was unable to achieve more than 14 TAM/faith-based community forums [target: 20], but exceeded the anticipated number of attendees. Provider also did not complete the number of physician office trainings as anticipated [actual: 6; target: 25], but is working on a new training strategy that will allow for more trainings in less time via DVD rather than in-person. Quarterly reporting will be required.	Yes
Unison	Prevention Services	N/A	Program on Track/Outcomes Achieved	No programmatic concerns at this time.	No
United Way	Social/ Emotional Learning	15	Program on Track/Outcomes Achieved	15 teachers were trained in SEL. Program was turned over by United Way to Toledo Public Schools, so it is not being funded by MHR SB in FY 2016.	N/A
Zepf	Gambling Prevention	N/A	Program on Track/Outcomes Achieved	Performance measure regarding their social media viewer engagement was not in line with the proposed target, but it has been revised for all applicable providers in FY 2016. 23 onsite presentations were given (senior centers, courts, providers, colleges, etc.), exceeding the target of 15 presentations. All other performance measures were achieved.	No

DETAIL: Support Services

FY 2015

Year-End Provider Performance Report

MHR SB Line of Business: Support Services

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
A Renewed Mind	CET Training	2 employees	Implementation Year	Two employees were trained, and two people graduated from the CET group (less individuals and one less group than anticipated). Program has been right-sized for FY 2016.	No
ABLE	Gov't Benefits; Psych. Testing	92	Program on Track/Outcomes Achieved	The majority of the cases were new in FY 2015, which surpassed the target for this performance measure. 50/92 of the cases closed in FY 2015; the rest will carry into FY 2016. The total dollar amount of full or partial benefits awarded was \$766,136.40. Of the cases closed and accepted for full representation, 85% resulted in an award of some or all of the benefits clients sought [target: 65%]. Psychological testing: Case pursued and won in first half as a result of the psychological testing. Tests for three more individuals have been conducted and hearings are pending.	No
ABLE	Mental Health Impact Project	N/A	Program on Track/Outcomes Achieved	There are eleven 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 was exceeded (15 presentations were conducted [target: 12]).	No
Family Services	Breaking the Cycle	26 adults and youth	Program Not on Track/Outcomes Not Achieved	Program has been right-sized for FY 2016 and will be monitored on a quarterly basis.	Yes
Harbor	CET Training	6 employees	Implementation Year	Six employees were trained, and 13 people graduated from the CET groups.	No
LC Adult Probation	Forensic Monitor	52	Program on Track/Outcomes Achieved	Since the program's inception in 1995, there has been a 0% felony conviction recidivism rate. Persons adjudicated NGR1 and granted permission by the court to reside in a community setting have very comprehensive and specific treatment plans to adhere to. Success is measured in terms of compliance to those plans, most importantly by the mitigation of risk to the community and the individual, and the performance measures for FY 2016 have been adjusted to more closely align with plan compliance. Forensic Monitor reports on a monthly basis and will continue to do so in FY 2016.	No
Mercy St. Vincent	Mother and Child Dependency	42	Program Not on Track/Outcomes Not Achieved	Provider was issued a 120-day notice for performance during the first half of FY 2015. Program has been right-sized for FY 2016 and will be monitored on a quarterly basis.	Yes

MHRSB Line of Business: Support Services

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
NAMI	Creative Expressions	605 participants (unduplicated); 34 new peer mentors (78 total)	Program on Track/Outcomes Achieved	NAMI reports high levels of satisfaction, as well as an exceptionally high turnout rate. [Note: "Peer mentors" in this context are not formally certified as "peer support specialists."]	No
NAMI	Family Education, Support, and Outreach and Advocacy	87 ppl in education; 521 support group attendees	Program on Track/Outcomes Achieved	All performance measures and outcomes were met or exceeded. 88% of participants that took Basics or Family to Family classes at NAMI answered that they have an increased awareness and understanding of mental illness. 99% of individuals in the support groups reported positively about the impact of the support group at NAMI for which they participated.	No
NAMI	Family Navigator	6 mentors; 1 mentee	Implementation Year	The family navigator has anecdotally become the system's resource for families 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 outcomes cannot yet be measured. Program expectations have been adjusted after a full year's results, and performance will be monitored on a quarterly basis.	Yes
NPI	ACF Operations	135	Program on Track/Outcomes Achieved	92% of individuals maintained their residency for a minimum of 12 consecutive months. Further, 89% of clients responded positively to a survey that measured the degree to which their basic needs were met, satisfaction with care given and living quarters, and opportunities available for socialization. No programmatic concerns at this time.	No
NPI	PATH	229 engaged; 144 enrolled	Program Not on Track/Outcomes Not Achieved	Less individuals engaged and enrolled than anticipated. 71% of the individuals enrolled in PATH linked with mental health services [target 67%]. However, 15% of clients enrolled in PATH moved to housing [target: 20%]. This is inclusive of individuals who were enrolled starting in FY 2014 and individuals who moved into non-PSH (permanent supportive housing). Program measures have been adjusted and will be monitored on a quarterly basis.	Yes
NPI	Peer Recovery Support Services	126 engaged; 5 peer mentors	Implementation Year	Program was successful in employing and retaining peer recovery specialists. Some of the expectations were not met as written; however, MHRSB staff will meet with the provider to adjust the program to what can be realistically accomplished.	Yes

MHR SB Line of Business: Support Services

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
NPI	Rental Assistance and Support	128	Program on Track/Outcomes Achieved	96% of individuals maintained their residency for a minimum of 12 consecutive months. No programmatic concerns at this time.	No
NPI	Road to Recovery	22	Program on Track/Outcomes Achieved	No programmatic concerns at this time.	No
Rescue	JDC/BHJJ Referrals into MST	371 youth; 555 episodes	Program on Track/Outcomes Achieved	Significantly less youth served than anticipated for the FY due to fewer youth being detained in the Detention Center. For those served, the outcomes were on track. MHR SB staff will review the program in light of the fewer youth being detained.	Yes
St. Paul's	Payee	533	Program on Track/Outcomes Achieved	No concerns with this program at this time.	No
St. Paul's	Shelter and Outreach Coordinator	207 served; 29% successfully housed at discharge	Program Not on Track/Outcomes Not Achieved	Program doesn't appear to have achieved outcomes due to changes in the CoC (housing Continuum of Care). Clients stayed in the shelter for 47 days on average [target: 30 days], and clients that needing to get into PSH (permanent supportive housing) 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 so they're ready as soon as the right housing unit is available. This will be monitored on a quarterly basis.	Yes
St. Paul's	Winter Crisis Program	2,076	N/A	Shelter ran January - March. 2,076 duplicated (234 unduplicated) clients were served.	No
TASC	Community Innovations	54	Program Not on Track/Outcomes Not Achieved	Significantly less individuals seen than anticipated. Program did not achieve the outcome related to increasing the number of individuals with severe mental illness being referred to treatment upon release [actual: 10%; target: 50%]. Program was a pilot and will not continue into FY 2016.	N/A
TASC	Community Transitions	60	Program Not on Track/Outcomes Not Achieved	Provider was issued a 120-day notice, approved by the MHR SB on 2/17/2015.	N/A

MHR SB Line of Business: Support Services

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
TASC	DYS	43 youth	Program on Track/Outcomes Achieved	Provider reports serving more clients than anticipated; however, the majority of these were pre-release. DYS population and those being released on parole have dramatically reduced over the years due to community programming (e.g. MST). FY 2016 programming is under review.	No
TASC	Family Drug Court Case Manager	26	Program on Track/Outcomes Achieved	No concerns with programming.	No
TASC	Forensic Linkage	3,170 (out of 4,453 referred)	Program on Track/Outcomes Achieved	No concerns with this program at this time. They appear to be seeing more people referred to them than in the past. Of the 4,453 ppl referred, 1,283 refused to be screened.	No
TASC	Operating Grant	1,005	Program Not on Track/Outcomes Not Achieved	Of the individuals discharged, 41% were abstinent at discharge [target: 50%]. At the half-year, it was reported that 100% were abstinent at discharged, so it is unclear if there was a reporting issue at either half. MHR SB is not funding in FY 2016, as Federal grants were increased, thus not requiring additional local funds.	N/A
TASC	Release to Recovery (Ex-Offender Mini-Grant)	37	Program on Track/Outcomes Achieved	Provider served less individuals than anticipated; however, the number of people served is contingent upon individuals being released from ODRC.	No
Unison	CET Training	5 employees	Implementation Year	5 employees were trained, and 12 people graduated from the CET groups.	No
Unison	Residential Support	17	Program on Track/Outcomes Achieved	No programmatic concerns at this time.	No
Unison	St. Paul's MH	N/A	N/A	Provider was issued a 120-day notice, approved by the MHR SB on 2/17/2015; provider did not contest. Will not be funded in FY 2016.	N/A

MHR SB Line of Business: Support Services

Provider	Program	# Ppl Served	Overall Performance on Track for FY 2016?	Notes on Outcomes and Performance Measures (Year-End)	Add'l Reporting Required for FY 2016?
Wernert Center	Operations/ Club	549	Program on Track/Outcomes Achieved	Performance measure for number of clients served was not met [actual: 549; target: 600]. This is consistent with FY 2014 (543 people served), but is lower than FY 2013 (624 people served). Transportation was increased in FY 2015 from 3 days/week to 5 days/week. Provider reports that clients are saying the club room is too crowded, and there are significant limitations for individuals with disability or social anxiety issues.	No
Wernert Center	Peer Enrichment	224 unduplicated (708 duplicated)	Program on Track/Outcomes Achieved	No concerns with this program at this time.	No
Zepf	CET Training	4 employees	Implementation Year	4 employees were trained, and 15 people graduated from the CET groups.	No
Zepf	Recovery to Work	194	N/A	R2W operates between 10/1/2014 - 9/30/2015. The goals are all on track, with the exception of clients with new Individual Employment Plans (IEP), which is at 77% of the goal as of August.	N/A
Zepf	Residential Support	16	Program on Track/Outcomes Achieved	No concerns at this time.	No