

FY 2016 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.² 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 15 days after the end of the reporting period 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 syntheses, both by individual program as well as for systemic outcomes. Each program is reviewed with respect to the performance measures and outcomes

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

² The FY 2016 report does not include a review of the Engagement and Preventing Psychiatric Emergencies programs, as a professional evaluation was conducted of both programs by Great Lakes Marketing to be presented by the firm in an upcoming meeting.

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). 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 ‘on track’ or having achieved the program goals, or they are noted as being ‘not on track’ or did not achieve program goals; some programs that are new or revised are specified as being 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 syntheses 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 have not or likely will not achieve its contractual goals 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.

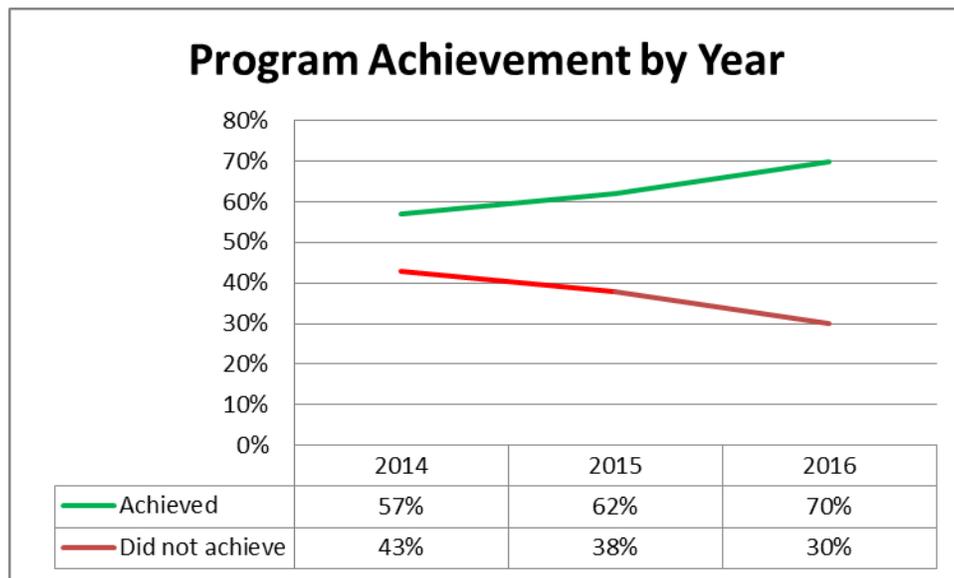
Reporting

The first question addressed is how the system is doing as a whole, which is inclusive of the percentage of programs that achieved their goals, 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 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 77 programs at 22 providers funded by the MHR SB were reviewed for overall outcome performance according to each contract. Of those, sixteen were either considered to be in the “implementation/benchmark year,” or did not have MHR SB outcome targets in FY 2016. Therefore, those programs were reviewed for initial compliance and any indicators that might suggest adjustment. They were not calculated into the ‘Program Achievement’ graph below, but will be in future reports.

As a system, **70%*** (n=61) of the programs that could be measured met or were on track with 100% of their contracted outcomes by fiscal year-end. By comparison, 57% (n=52) of the programs that could be measured in FY 2014 and 62% (n=63) of the programs that could be measured in FY 2015 met their contracted outcomes. The trend indicated in the line graph below demonstrates stronger contract compliance by the providers relative to program objectives, performance measures, and outcomes outlined by the MHR SB. This information was derived primarily through provider self-report.



- Treatment: 60% achieved all program outcomes by fiscal year-end (as compared to 45% in FY 2014 and 48% in FY 2015)
- Prevention: 85% achieved all program outcomes by fiscal year-end (as compared to 45% in FY 2014 and 67% in FY 2015)
- Support Services: 71% achieved all program outcomes by fiscal year-end (as compared to 75% in FY 2014 and 72% in FY 2015)

Combining all programs across the three lines of business, the providers have reportedly served over 100% of the total number of people to be served for FY 2016. By comparison, providers reportedly served 98% of the total number of people to be served in FY 2014 and over 100% in FY 2015.

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 exceeded the goal for another fiscal year.

Goal (all treatment providers): Clients will report positively about their treatment outcome.

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.

QUESTION:	AVERAGES [Weighted by # of Surveys]:
Agency staff listened carefully and understood my concerns and needs	91.4%
Agency staff treat me with respect and dignity	92.8%
The services I have received so far helped my problem or situation	89.9%
Number of surveys collected:	3,532

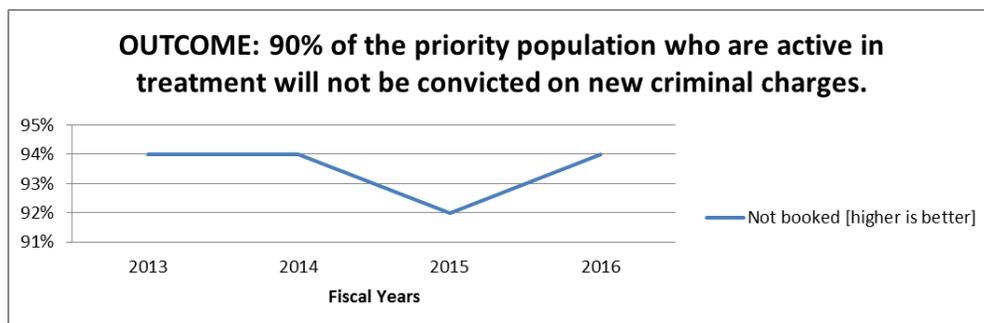
Comments: Providers administer their proprietary consumer satisfaction surveys, including the three questions to the right, to their patients in paper or electronic format. Survey completion is voluntary, and results are not statistically representative of the individual

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, and the results did not vary more than a percentage point in either direction over FY 2015. This information was derived primarily through provider self-report.

Goal (all treatment providers): Priority populations who are active in treatment will not be booked on new criminal charges.

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 2016 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. There is little variance year over year as seen in the line graph below. This information was derived from NORIS (Northwest Ohio Regional Information System) and MACSIS.



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: A formal report and presentation is forthcoming from the contracted evaluator, Great Lakes Marketing.

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: A formal report and presentation is forthcoming from the contracted evaluator, Great Lakes Marketing.

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

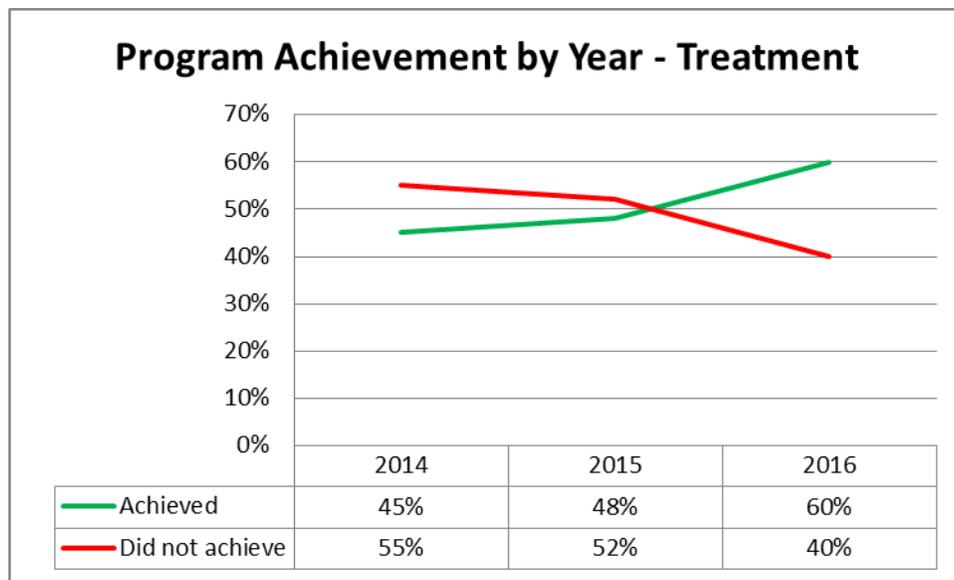
Outcome: 60% of all clients that enter outpatient treatment will remain in treatment for a minimum of 90 days; and of those clients who were retained for 90 days, 40% will be successfully discharged as measured by both completing their treatment goals and being abstinent for 30 days prior to discharge.

Comments: AOD treatment providers (with the exception of medication-assisted treatment) were asked to incorporate this outcome as a measure of success. Providers evaluated this by capturing individual client retention for a minimum of 90 days, as well as their negative drug screens throughout treatment. The population of clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. This information was derived primarily through provider self-report.

AOD OUTPATIENT 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:	A RENEWED MIND	HARBOR	LUTHERAN SOCIAL SVCS	NEW CONCEPTS	UMADAOP	UNISON	ZEPF CENTER
FY 2016: percentage of individuals that remained in treatment for a minimum of 90 days	54%	75%	N/A	65%	31%	58%	23%
FY 2016: percentage of individuals successfully discharged after 90 days [defined above]	42%	48%	N/A	44%	6%	16%	88%
	<i>n=117</i>	<i>n=88</i>	<i>n=0</i>	<i>n=275</i>	<i>n=40</i>	<i>n=77</i>	<i>n=116</i>

AOD treatment outcomes are unstable, as new treatment modalities (such as medication-assisted treatments, like Suboxone and Vivitrol) have been introduced and covered by the MHR SB only within the past few years. Additionally, the rise of the heroin-opiate epidemic has reportedly had an impact on the treatment success of individuals when ‘success’ is calculated based exclusively on abstinence. Given these trends and environmental factors, it is recommended by the MHR SB Quality Council (which has provider representation) and MHR SB Quality Assurance staff that the AOD outcomes should be reevaluated.

Noted earlier in this report was that 60% of the treatment programs met the contracted outcomes in FY 2016. It should be recognized that the Engagement program and the Preventing Psychiatric Emergencies program were not included in this calculation in FY 2016, as these were under review by a professional evaluator at the time of this report.



2014 **2015** **2016**
n=20 *n=23* *n=20*

Details for all programs are presented as an attachment to this report. The following programs were reported to have not met all of their outcomes and will be required to submit quarterly reporting in FY 2017:

- **A Renewed Mind – AOD Outpatient Treatment (POS):** The population of non-Medicaid clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. 54% of individuals that entered outpatient treatment remained for a minimum of 90 days [target: ≥60% of individuals].
- **A Renewed Mind – Vivitrol in the Jail:** Provider reported that 68% of individuals stayed engaged in outpatient treatment by maintaining their monthly injections until discharged by a clinician [target: ≥90%]. Also, 56% of individuals remained in treatment for a minimum of 90 days [target: ≥60%].

- **Philio/New Concepts – AOD Outpatient Treatment and Medication-Assisted Treatment:** Provider reported achieving all outcomes with the exception of percentage of clients treated with Vivitrol that stay engaged in treatment [target: ≥90%; actual: 63% (5/8 people)].
- **Rescue – JDC/BHJJ Referrals into MST:** Provider reported that only four diagnostic assessments were performed [target: ≥72]. Provider will be required to report on a quarterly basis in FY 2017.
- **UMADAOP – AOD Outpatient Treatment and Medication-Assisted Treatment:** The population of clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. 31% of individuals that entered outpatient treatment remained for a minimum of 90 days [target: ≥60% of individuals], and 6% successfully discharged as measured by testing negative 30 days prior to discharge [target: 40%].
- **Unison – AOD Outpatient Treatment and Medication-Assisted Treatment:** The population of clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. 16% of individuals successfully discharged as measured by testing negative 30 days prior to discharge [target: 40%]. Additionally, 20% of individuals that entered Suboxone treatment remained for a minimum of 90 days [target: 60%].
- **Zepf – AOD Outpatient Treatment and Medication-Assisted Treatment (Suboxone):** 23% of individuals that entered outpatient treatment remained for a minimum of 90 days [target: ≥60% of individuals]. Additionally, 29% of individuals that entered Suboxone treatment remained for a minimum of 90 days [target: 60%].
- **Zepf – Multi-Systemic Therapy (MST/BHJJ):** MST was challenged to achieve its outcomes, particularly with maintaining educational/vocational involvement [target: 80%; actual: 59%], and only 76% of youth served remained at home by the completion of their treatment [target: 85%]. This could be attributable to the small population, which has an effect on the measure. MST staff are looking for additional referral sources to utilize their capacity. This will continue to be monitored on a quarterly basis.

Prevention

FY 2016 was the third and final 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.

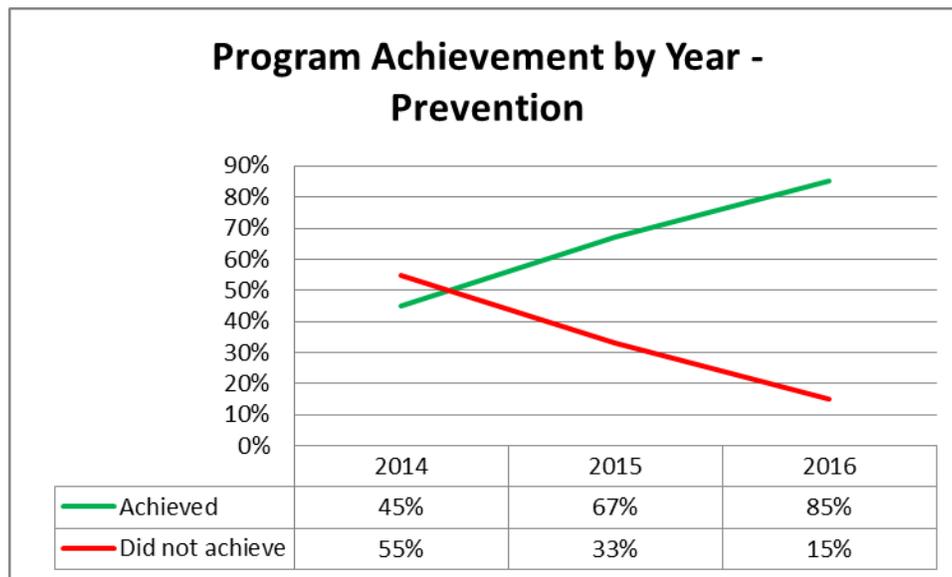
Outcome: 75-85% of youth in school-based prevention programming will gain knowledge.³

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

Prevention Programming (FY 2016)					
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>	85	18	821	796	1720
Youth will utilize resistance skills to avoid ATOD use.	86%	89%	-	-	86%
Youth will perceive ATOD non-use to be the norm.	49%	39%	-	-	48%
Youth will perceive ATOD use as harmful.	89%	94%	94%	87%	90%
Youth will report a reduced intention to use ATOD.	94%	-	-	-	94%

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

Noted earlier in this report was that 85% of the prevention programs met the contracted outcomes.



2014 **2015** **2016**
n=11 *n=15* *n=13*

Details for all programs are presented as an attachment to this report. The following programs were reported to have not met all of their outcomes and will be required to submit quarterly reporting in FY 2017:

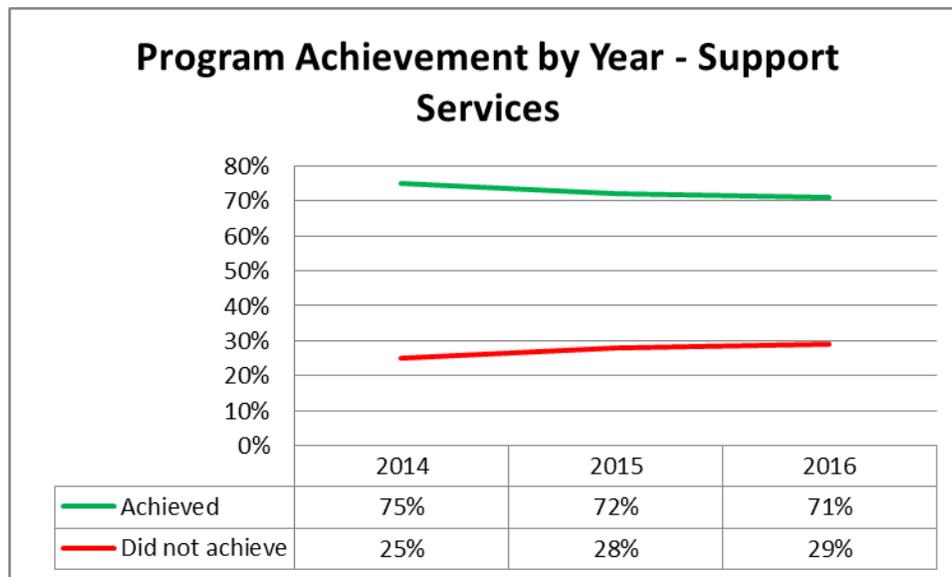
³ Outcomes are selected per program by providers based on curricula used.

- Big Brothers/Big Sisters – Mentoring Triad:** MHR SB staff met with BBBS throughout the second half of the fiscal year and reviewed the program curricula, performance expectations, and data reporting process. It was anticipated that they would not achieve the targeted number of youth [target: 45; actual: 18 active]. While 68 students attended at least one BBBS session, only 18 were retained and took the pre/posttests. BBBS did not achieve the outcome regarding youth perception of ATOD non-use as norm [target: 75%; actual: 40%]. They believe that the wording of the question on the evaluation test is confusing and have updated it for FY 2017. Provider will be required to submit quarterly reports in FY 2017.
- Sylvania Community Action Team (SCAT) – Collaborative Social Media Campaign:** Fewer people came to the Drug-Take Back Day events than anticipated [target: 1,000; actual: 814]. Also, provider did not fulfill the number of ads to be placed [target: 20; actual: 18].

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. 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.

Noted earlier in this report was that 71% of the support services programs met the contracted outcomes.



2014 **2015** **2016**
n=20 *n=25* *n=28*

Details for all programs are presented as an attachment to this report. The following programs were reported to have not met all of their outcomes and will be required to submit quarterly reporting in FY 2017:

- **ABLE – Government Benefits:** Program did not achieve the anticipated number of people to be served [target: ≥75; actual: 69]; percentage of new clients served [target: ≥55%; actual: 36%]; or percentage of cases that were resolved and resulted in an award [target: ≥65%; actual: 35%]. Provider will be required to submit quarterly reports in FY 2017.
- **Family Service of Northwest Ohio – Breaking the Cycle:** They reached the anticipated number of people, but did not achieve the completion percentage desired [target: 75%; actual: 71%]. It was also targeted that individuals would stay in one of the programs for a minimum of six months, but the average has been just over five months. Neither outcome was achieved regarding demonstrating a specific percentage of improvement relative to family/social relationships; however, there was some improvement demonstrated [target: 15%; actual: 12.5%]. Provider will be required to submit quarterly reports in FY 2017.
- **Harbor – CET Training:** Two employees are working toward CET mentor/coach training. Due to an employee resignation, they were only able to implement 2/3 groups. Of those, they have almost the appropriate number of individuals participating per group [target: 8-12/group; actual: 5-8/group]. Their CET alumni group had ten participants.
- **NPI – PATH:** They did not reach the anticipated number of people to be served, which has been the trend. Based on historical data, the FY 2017 projection of number of people to be reached will be lower. Provider reports quarterly and will continue to do so.
- **NPI – Peer Recovery Support Services:** Program created new programming and employed four peers. It did not reach as many people as anticipated [target: 250; actual: 218].
- **NPI – Road to Recovery:** Though none were employed at the time of exit (where they were successfully housed), all exited with entitlement income. Additionally, the length of stay was longer than the local Continuum of Care's goal, which was included in the MHRSB contract as well [target: ≤270 days; actual: 807 days].
- **St. Paul's Community Center – Shelter and Outreach Coordinator:** Program did not achieve contracted outcomes reportedly due to stagnation in the housing Continuum of Care. Clients are staying in the shelter for 85 days on average [target: 40 days], and clients that need to get into housing are delayed due to housing stock (permanent supportive and transitional). Provider will be required to report on a quarterly basis in FY 2017.
- **TASC – DYS:** 43% of youth were successfully reentered into the community [target: 75%]. Provider reported that these youth were gang affiliated, and many are on the run with warrants for gun-related crimes. Board Trustees approved a 120-Day Notice on 3/15/2016.

Sources

- Agency self-reported outcomes data submitted via SurveyMonkey (based on the Attachment 3 of the MHRSB provider agreements, FY 201, FY 2015, FY 2016)
- FY16 Outcomes Jail NORIS Stryker to MACSIS MITS
- MHRSB of LC Treatment Services Utilization Report – 7/1/2015-6/30/2016
- 728 Rev VRP3 Case Services Quarterly Review -march2016-7-15-2016 - proofed revised-7-28-2016 (2) [Recovery to Work Goals report, Zepf Center]
- ABLE MH Impact Advocacy Project Reporting Spreadsheet FY16 [ABLE]

DETAIL: Treatment Programs

FY 2016

Year-End Provider Performance Report

MHR SB Line of Business: Treatment (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
A Renewed Mind	AOD Outpatient Tx (POS)	[As needed]	117	No	The population of non-Medicaid clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. 54% of individuals that entered outpatient treatment remained for a minimum of 90 days [target: ≥60% of individuals].
A Renewed Mind	Vivitrol in the Jail	60	77	No	Provider reported that 68% of individuals stayed engaged in outpatient treatment by maintaining their monthly injections until discharged by a clinician [target: ≥90%]. Also, 56% of individuals remained in treatment for a minimum of 90 days [target: ≥60%].
Harbor	AOD Outpatient Treatment and Medication-Assisted Treatment (MAT)	35	88	Yes	The population of clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. Provider reports that they are meeting all outcomes.
Harbor	Engagement Services	450	N/A	N/A	<i>Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.</i>
Harbor	Mental Health Outpatient Services	1,590	1,681	Yes	More clients are Medicaid-eligible, so fewer clients needed to be served using MHR SB funds. No programmatic concerns at this time.

MHRSB Line of Business: Treatment (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
Harbor	Preventing Psychiatric Emergencies	148	N/A	N/A	<i>Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.</i>
Lutheran Social Services	AOD Outpatient Tx (POS)	[As needed]	0	N/A	No Board-funded clients served at this provider in FY 2016.
Philio/New Concepts	AOD Outpatient Treatment and Medication-Assisted Treatment (MAT)	280	506	No	Provider reported achieving all outcomes with the exception of percentage of clients treated with Vivitrol that stay engaged in treatment [target: ≥90%; actual: 63% (5/8 people)].
Philio/New Concepts	Specialized Integrated Outpatient Treatment	100	140	Yes	No programmatic concerns at this time.
Rescue	Adult Crisis Unit (CSU)	240	95	Yes	95 non-Medicaid individuals served (701 individuals from all payer sources). Individuals with Medicaid make up the bulk of the patient load otherwise. 2-3 beds were used for sub-acute detoxification for individuals with serious and persistent mental illness and a dually diagnosed substance use disorder.

MHRSB Line of Business: Treatment (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
Rescue	Child and Adolescent Crisis Unit (CACSU)	60	15	Yes	15 non-Medicaid individuals served (343 individuals from all payer sources). Individuals with Medicaid make up the bulk of the patient load otherwise.
Rescue	Emergency Services	N/A	3,523	Yes	68% 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%]. 97% of adult clients were considered to be at the "right place, first time" [target: 75%]
Rescue	JDC/BHJJ Referrals into MST	400 episodes of care	184 episodes of care	No	Provider reported that only four diagnostic assessments were performed [target: ≥72]. Provider will be required to report on a quarterly basis in FY 2017.
Rescue	Psychiatric Inpatient Services	N/A	2,296	N/A	No programmatic concerns at this time.
Rescue	Recovery Helpline	Implementation Year	N/A	Implementation Year	Implementation year.
Rescue	Urgent Care Center	Implementation Year	N/A	Implementation Year	Implementation year.

MHRSB Line of Business: Treatment (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
UMADAOP	AOD Outpatient Tx (POS)	[As needed]	40	No	The population of clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. 31% of individuals that entered outpatient treatment remained for a minimum of 90 days [target: ≥60% of individuals], and 6% successfully discharged as measured by testing negative 30 days prior to discharge [target: 40%].
Unison	AOD Outpatient Treatment and Medication-Assisted Treatment (MAT)	90	128	No	The population of clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. 16% of individuals successfully discharged as measured by testing negative 30 days prior to discharge [target: 40%]. Additionally, 20% of individuals that entered Suboxone treatment remained for a minimum of 90 days [target: 60%].
Unison	Engagement Services	500	N/A	N/A	<i>Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.</i>
Unison	Mental Health Outpatient Services	2,100	1,194	Yes	More clients are Medicaid-eligible, so fewer clients needed to be served using MHRSB funds. No programmatic concerns at this time.
Unison	PACT	60	100	Yes	No programmatic concerns at this time.
Unison	Preventing Psychiatric Emergencies	125	N/A	N/A	<i>Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.</i>

MHR SB Line of Business: Treatment (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
Zepf	Engagement Services	325	N/A	N/A	<i>Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.</i>
Zepf	AOD Outpatient Treatment and Medication-Assisted Treatment (MAT): Suboxone	175	224	No	23% of individuals that entered outpatient treatment remained for a minimum of 90 days [target: ≥60% of individuals]. Additionally, 29% of individuals that entered Suboxone treatment remained for a minimum of 90 days [target: 60%].
Zepf	Mental Health Outpatient Services	1045	1,608	Yes	More clients are Medicaid-eligible, so fewer clients needed to be served using MHR SB funds. No programmatic concerns at this time.
Zepf	Multi-Systemic Therapy (MST--BHJJ)	48-60 youth	24	No	MST was challenged to achieve its outcomes, particularly with maintaining educational/vocational involvement [target: 80%; actual: 59%], and only 76% of youth served remained at home by the completion of their treatment [target: 85%]. This could be attributable to the small population, which has an effect on the measure. MST staff are looking for additional referral sources to utilize their capacity. This will continue to be monitored on a quarterly basis.
Zepf	Preventing Psychiatric Emergencies	150	N/A	N/A	<i>Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.</i>

MHRSB Line of Business: Treatment (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
Zepf	Problem Gambling Treatment	50	42	Yes	Program did not serve the number of individuals anticipated [target: 50; actual: 42]. However, the provider reports achieving all other performance measures and outcomes.
Zepf	Opioid Treatment Program (Methadone - SASI)	55	65	Yes	No programmatic concerns at this time.
Zepf	Sub-Acute Detoxification	100	7	Yes	Provider served 232 individuals during the fiscal year, seven of which were reportedly non-Medicaid (Board-funded).

DETAIL: Prevention Programs

FY 2016

Year-End Provider Performance Report

MHR SB Line of Business: Prevention (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
Adelante	Buena Vida Program	80 youth (summer and in-school programming); 80 adults (community events)	88 youth (summer and in-school programming); 379 individuals (at six community events)	Yes	More individuals than anticipated attended their community events, and they also held additional events; this accounts for the larger number of individuals that attended events than originally anticipated. All outcomes met by FYE, with the exception of one that youth will perceive ATOD use to be the norm [target: 75%; actual: 49%]. This is consistent with previous fiscal years.
Big Brothers/ Big Sisters	Mentoring Triad	45	18	No	MHR SB staff met with BBBS throughout the second half of the fiscal year and reviewed the program curricula, performance expectations, and data reporting process. It was anticipated that they would not achieve the targeted number of youth [target: 45; actual: 18 active]. While 68 students attended at least one BBBS session, only 18 were retained and took the pre/posttests. BBBS did not achieve the outcome regarding youth perception of ATOD non-use as norm [target: 75%; actual: 40%]. They believe that the wording of the question on the evaluation test is confusing and have updated it for FY 2017. Provider will be required to submit quarterly reports in FY 2017.
Harbor	Community Senior Prevention	312	356	Yes	No programmatic concerns at this time.

MHRSB Line of Business: Prevention (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
Harbor	Early Childhood Prevention	50 teachers; 50 parents; 100 children	214	Yes	No programmatic concerns at this time.
Harbor	Heroin-Opiate Initiative	800	2,085	Yes	No programmatic concerns at this time.
Harbor	School and Community Prevention	1,800	1,842	Yes	No programmatic concerns at this time.
Learning Club	After School	50-60	52	Yes	No programmatic concerns at this time.
NAMI	Step Up, Stop Suicide	650	2,550	Yes	No programmatic concerns at this time.
SCAT	Collaborative Social Media Campaign	1,000 participants (500 per event)	814 in attendance total for FY 2016	No	Fewer people came to the Drug-Take Back Day events than anticipated [target: 1,000; actual: 814]. Also, provider did not fulfill the number of ads to be placed [target: 20; actual: 18].
SCAT	Parent Training and Education	[Benchmark]	5,396	Yes	No programmatic concerns at this time.

MHR SB Line of Business: Prevention (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
Swanton Area CC (SACC)	Parent Involvement	105 SEED members; 500 Parents of SEED and Parents on Board; 300 community members	57 SEED members; 598 Parents of SEED and Parents on Board; 469 community members	N/A	Program direction changed halfway through the year, which may have caused some of the measures to have not been achieved. These included number of SEED members [target: 105; actual: 57]; number of youth that completed "We're Not Buying It" training [target: 45; actual: 32]; and number of community events [target: 6; actual: 5].
UMADAOP	Healthy Workplace	100	116	Yes	Program achieved outcomes, with the exception of the improved or strengthened relationships with participants and their families or other natural supports [target: 75%; actual: 68%].
UMADAOP	Heroin-Opiate Initiative	Implementation Year	1,080	Benchmark Year	Program elements were revised in the third quarter of the fiscal year. This program will be monitored to establish benchmarks for performance measures.
Unison	Prevention Services	N/A	N/A	Yes	No programmatic concerns at this time.
Zepf	Gambling Prevention	N/A	N/A	Yes	No programmatic concerns at this time.

DETAIL: Support Services Programs

FY 2016

Year-End Provider Performance Report

MHR SB Line of Business: Support Services (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
A Renewed Mind	CET Training	2 employees; 8-12 clients in CET group	3 employees; 7 clients in CET group	Yes	Training program on track. Three employees are working toward CET mentor/coach training, and they have an appropriate number of CET groups and almost the number of individuals participating [target: 8-12 clients; actual: 7 clients]. Their CET alumni group had two participants.
ABLE	Gov't Benefits; Psych. Testing	75	69	No	Program did not achieve the anticipated number of people to be served [target: ≥75; actual: 69]; percentage of new clients served [target: ≥55%; actual: 36%]; or percentage of cases that were resolved and resulted in an award [target: ≥65%; actual: 35%]. Provider will be required to submit quarterly reports in FY 2017.
ABLE	Mental Health Impact Project	N/A	N/A	Yes	No programmatic concerns at this time.
Family Service of Northwest Ohio	Breaking the Cycle	72 adults and youth	78	No	They reached the anticipated number of people, but did not achieve the completion percentage desired [target: 75%; actual: 71%]. It was also targeted that individuals would stay in one of the programs for a minimum of six months, but the average has been just over five months. Neither outcome was achieved regarding demonstrating a specific percentage of improvement relative to family/social relationships; however, there was some improvement demonstrated [target: 15%; actual: 12.5%]. Provider will be required to submit quarterly reports in FY 2017.

MHRSB Line of Business: Support Services (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
Harbor	CET Training	2 employees; 24-36 clients in CET groups	2 employees; 13 clients in CET groups	No	Two employees are working toward CET mentor/coach training. Due to an employee resignation, they were only able to implement 2/3 groups. Of those, they have almost the appropriate number of individuals participating per group [target: 8-12/group; actual: 5-8/group]. Their CET alumni group had ten participants.
Harbor	Individual Placement and Support	35	0	Implementation Year	Implementation year. Project got off to a late start, with minimal amount spent to hire staff and get services under way.
LC Adult Probation	Forensic Monitor	N/A	70	Yes	Forensic Monitor's average case load is larger than anticipated [average in years past: 50; FY 2016 actual: 70]. Therefore, she was unable to complete the contracted task of creating a Forensic Monitor Manual.
Mercy St. Vincent	Mother and Child Dependency	50	72	Yes	No programmatic concerns at this time.
NAMI	Creative Expressions	400 participants (unduplicated)	650	Yes	Program is achieving high attendance. The only measure not met was the number of people that attended a Creative Expressions workshop and subsequently signed up for a Family to Family or Basics class at NAMI [target: 30; actual: 24].

MHR SB Line of Business: Support Services (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
NAMI	Family Education, Support, and Outreach and Advocacy	77 ppl in education; 155 support attendees	104 in education; 530 support attendees	Yes	Provider was unable to complete the veteran Family to Family classes, as the facilitator was ill.
NAMI	Family Navigator	5 mentors; 5 mentees	13	Yes	No programmatic concerns at this time.
NPI	ACF Operations	114	113	Yes	No programmatic concerns at this time. At the time of reporting, provider had one open unit that was reserved for a client that was to move in shortly.
NPI	PATH	280 engaged; 170 enrolled	203 engaged; 185 enrolled	No	They did not engage the anticipated number of people to be served, which has been the trend; however, the program did enroll more individuals than anticipated which is positive. Based on historical data, the FY 2017 projection of number of people to be reached will be lower. All other outcomes were achieved. Provider reports quarterly and will continue to do so.
NPI	Peer Recovery Support Services	250 engaged; 4 peer mentors	218 engaged; 4 peer mentors	No	Program created new programming and employed four peers. It did not reach as many people as anticipated [target: 250; actual: 218].
NPI	Rental Assistance and Support	120	93	Yes	Provider reported that the number of individuals housed with these funds was less than contracted due to the multi-year modernization project partially funded by the MHR SB.

MHR SB Line of Business: Support Services (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
NPI	Road to Recovery	18	24	No	Though none were employed at the time of exit (where they were successfully housed), all exited with entitlement income. Additionally, the length of stay was longer than the local Continuum of Care's goal, which was included in the MHR SB contract as well [target: ≤270 days; actual: 807 days].
St. Paul's	Payee	525	574	Yes	No programmatic concerns at this time.
St. Paul's	Shelter and Outreach Coordinator	≥25% successfully housed at discharge	18% successfully housed at discharge; 151 total individuals served	No	Program did not achieve contracted outcomes reportedly due to stagnation in the housing Continuum of Care. Clients are staying in the shelter for 85 days on average [target: 40 days], and clients that need to get into housing are delayed due to housing stock (permanent supportive and transitional). Provider will be required to report on a quarterly basis in FY 2017.
St. Paul's	Winter Crisis Program	N/A	275	N/A	275 unduplicated individuals served with several individuals staying more than one night. Program was open in the winter for 78 days.
TASC	DYS	30-40 youth	33	No	43% of youth were successfully reentered into the community [target: 75%]. Provider reported that these youth were gang affiliated, and many are on the run with warrants for gun-related crimes. Board Trustees approved a 120-Day Notice on 3/15/2016.

MHR SB Line of Business: Support Services (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
TASC	Family Drug Court Case Manager	20	40	Yes	No programmatic concerns at this time.
TASC	Linkage and Community Reentry	N/A	3,884	Benchmark Year	Program process shifted after the GAIN Short Screener project was implemented.
TASC	Release to Recovery (Ex-Offender Mini-Grant)	42	48	Yes	No programmatic concerns at this time.
UMADAOP	Circle for Recovery	50	62	Yes	No programmatic concerns at this time.
Unison	CET Training	2 employees; 24-36 clients in CET groups	4 employees; 24 clients in CET groups	Yes	Training program is on track. Four employees are working toward CET mentor/coach training, and they have an appropriate number of CET groups. They have almost the appropriate number of individuals participating per group [target: 8-12/group; actual: 5-12/group]. Their CET alumni group had 11 individuals participating.
Unison	Residential Support	15	18	Yes	They had some turnover with a few residents in FY 2016 (which accounts for the greater number of people served), but there are no programmatic concerns at this time.
Wernert Center	Operations/ Club	600	466	Yes	Membership is decreasing, which provider reported is due to the crowded space.

MHRSB Line of Business: Support Services (FY 2016)

Provider	Program	# Ppl to be Served	# Ppl Served	Did Program Meet Expectations?	Notes on Outcomes and Performance Measures (Year-End)
Wernert Center	Peer Enrichment	200 unduplicated	223	Yes	No programmatic concerns at this time.
Zepf	CET Training	2 employees; 16-24 clients in CET groups	1 employee; 16 clients in CET groups	Yes	One employee is working toward CET mentor/coach training [target: 2 employees]. They have an appropriate number of CET groups and number of individuals participating. Their CET alumni group had four individuals that participated.
Zepf	Recovery to Work	260	217	Yes	Project runs on the federal fiscal calendar (Oct-Sept), so by June 30, they were three-quarters through their program cycle. By June 2016, provider reported that it was on track with most of their key indicators, with the exception of clients with new individual employment plans [46% of target goal] and total clients with individual employment plans [52% of target].
Zepf	Residential Support	16	16	Yes	No programmatic concerns at this time.
Zepf	Recovery Housing	N/A	305	Benchmark Year	Provider reported a successful discharge rate of 50%. Of the individuals that have resided at Recovery Housing for at least 60 days, 96.8% remained abstinent.