

MHR SB PROGRAMS & SERVICES COMMITTEE MEETING
September 29, 2015
4:00 p.m.

Agenda

Item	Information Enclosed	Action Required	Allocation Required	Page
1. Call to Order				
2. Recognition of Visitors				
3. Meeting Minutes – August 25, 2015	✓	✓		1-3
4. Allocation Request for Evaluation Services	✓	✓	✓	4
5. Civil Commitment Designations <ul style="list-style-type: none"> • Appointment of Attorney 	✓	✓		4-5
6. FY 2015 Year-End Monitoring Report				5
A. Compliance Review Methodology and Results	✓			5-9
B. FYE Provider Performance Report: Outcomes <i>(See Separate Attachment)</i>	✓			9
7. Health Officer Credentialing	✓	✓		10
8. Recovery Council Update	✓	✓		11
9. Open Session				
10. Adjournment				

PROGRAMS & SERVICES COMMITTEE MINUTES

August 25, 2015

Programs & Services Committee Members Attending:

Pastor Donald Perryman	Scott D. Johnson	Linda Alvarado-Arce
Tony Pfeiffer	Dr. Mary Gombash	Dr. Lois Ventura
Andre Tiggs	Robin Reeves	Andrea Loch (Non-Trustee)
Bob Arquette		

Programs & Services Committee Members Absent:

Kyle Schalow	Charlotte Cuno
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Visitors: Richard Arnold; Guisselle Mendoza, Adelante; Johnetta, McCollough, TASC; Jim Aulenbacher, Harbor; Jessica Broz, Rescue; Gregory Collier, Recovery Council; Annette Clark, FSNO; Janice Edwards, New Concepts; Kathy Didion, Zepf; Jason Vigh, Rescue; Geof Allan, UMADAOP; Paul Lewis, Recovery Council; George Johnson, Rescue; Joshua Kenagy, BBBS; Kelly Skinner, TMWC; Karen Wu, ABLE; Wendy Sheehan, ARM; Salih Nurrudin, UMADAOP; Barbara Gunning, TLCHB, Merisa Parker, Rescue.

Staff: Scott Sylak, Tom Bartlett, Tim Goyer, Donna Robinson, Camilla Roth Szirotnyak, Kristal Barham, Karen Olnhausen.

Pastor Perryman opened the meeting at 4:00 p.m., with introduction of visitors.

Meeting Minutes: July 28, 2015

There were no corrections to the minutes, and they were approved as presented.

Recovery Helpline Discussion

Mr. Sylak indicated that several meetings have occurred with providers, referral sources, the community, as well as in-depth discussions with the Access to Treatment Workgroup regarding development of the Recovery Helpline. He stated that this meeting was the first formal discussion with a Board committee about the Recovery Helpline, and indicated that the concept was developed in response to the community requesting increased access to treatment to reduce the number of deaths related to overdoses from heroin and opiates.

The MHR SB staff has met with Hancock and Wood Counties to develop a regional behavioral health referral system in collaboration with United Way 211 who will transfer the MH/AOD calls to either Rescue for Lucas County residents or The Link for Wood and Hancock County residents to determine the necessary level of care and link the client into some level of treatment within 48 hours. As a result, the need for Central Access will decrease as people transition to other facilities, resulting in re-defining Central Access into an Urgent Care Center. Discussions are occurring with the Ohio Health Information Exchange to create client information sharing between provider networks, and conversation with MTM National Consulting Firm to develop a multi-agency scheduling/tracking system using a just-in-time prescribing methodology. In addition, a Regional Steering Committee has been developed that meets monthly, along with initiation of a clinical round table to help guide the clinical decision making process.

An in-depth discussion occurred with regard to using UW 211 for screening; adequate staff training to effectively screen and triage, appointment scheduling, anticipated volume, the Board's financial support, and agency support. The Committee expressed positive feedback and support of the Recovery Helpline.

Naloxone Collaboration

In response to large number of residents entering into hospital emergency rooms due to overdose on heroin and opiates, and the 142 related deaths in 2014 within a 23 county region, Mr. Sylak introduced the concept of creating a Naloxone distribution process in partnership with the Toledo Lucas County Health Department. Naloxone is administered through a nasal atomizer or an epi-pin by EMS, first responders, family members, or friends. The application of Naloxone puts the individual overdosing into an immediate withdrawal and allows time to seek immediate medical treatment in the hospital.

Mr. Sylak introduced Barb Gunning, Director of Health Services at the Toledo Lucas County Health Department and recommended that the MHR SB enter into a partnership through a Memorandum of Understanding with the Health Department to dispense Naloxone through their pharmacy. The Board will cover the cost of the drug and the Health Department will pay for distribution of it; the Board will also fund a marketing campaign to the community. A reimbursement model will be developed so that individuals seeking Naloxone can obtain it. The Health Department will bill the Board after seeking reimbursement from third party payers and Medicaid (if covered).

The MHR SB will purchase up to 1,500 Naloxone kits at \$60 each which includes two doses of Naloxone and two atomizers. Ms. Gunning provided a summary of the services available at the Health Department, and explained the process for dispensing it as well as the education component to the person who will administer it. It was noted that Ampistar offers a \$6 discount on Naloxone per kit; Mr. Sylak will send out information about the rebate.

The following motion was recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County allocates \$120,000 for Fiscal Year 2016 for the purpose of establishing a Naloxone Collaborative with the Toledo-Lucas County Health Department, and authorizes its Executive Director to enter into the appropriate agreements to implement the project.

There was consensus to move the motion forward to the Board of Trustees.

FY 2015 Annual MHR SB and Agency Grievance/Complaint Report

Mr. Goyer reviewed the FY 2015 Annual MHR SB and Agency Grievance/Complaint Report prepared by the Board's Client Rights Officer stating that the ORC requires that the Board and Agencies prepare an annual report. Mr. Goyer explained the difference between a grievance and a complaint, as well as the process for filing either of them (outlined on page 11 of the

meeting packet). In addition, he reviewed the data report summaries included in the meeting packet, noting the only trend is that the numbers of grievances/complaints have remained in single digits for the last three fiscal years.

Concern was expressed by a committee member with regard to the use of the term "complaint." Mr. Goyer explained the difference in the way the state interprets the terms and noted that the MHRSB treats both grievances and complaints in the same manner; the Client Rights Officer doesn't differentiate between the terms when addressing client issues. Mr. Sylak indicated a different word choice will be made in subsequent reports.

Recovery Council Update

Mr. Arquette provided an update from the last Recovery Council meeting, indicating that the Council plans to focus their attention on celebrating recovery this year centered on the theme "Recovery is Beautiful." A community rally will be scheduled in September in observation of recovery month. In addition, Mr. Arquette responded to Mr. Arnold's data collection with regard to the number of terminations from the Recovery Council. The information was discussed at the last Council meeting and they will begin to figure out a better methodology to recruit and retain future members.

Three new Recovery Council members were approved by the Council. The staff in collaboration with the Recovery Council recommended the following motion for consideration:

That the Programs & Services Committee approves the following candidates for appointment to the Recovery Council to serve a partial term beginning 9/01/2015-6/30/16, and considered for reappointment of a full term beginning July 1, 2016:

- *Leisa Leininger, Recovery Council member, partial term not to exceed June 30, 2016.*
- *Carol Ann Allen, Recovery Council member, partial term not to exceed June 30, 2016.*
- *Jennifer Conley, Recovery Council member, partial term not to exceed June 30, 2016.*

Mr. Arquette moved to approve the motion and it was seconded by Dr. Ventura, followed by a vote from the Committee for approval.

Open Session

There were no comments made.

Adjournment

The meeting was adjourned at 5:10 p.m.

Allocation Request for Evaluation Services

At an Earlier Programs & Services Committee, a member raised the question as to whether or not two new programs, Hospital Engagement and Preventing Psychiatric Emergencies were having the effects for which they were funded. As the report was given, it was noted that there were indicators that days from discharge to first psychiatric appointment and reduction in the utilization of crisis services were showing improvement; however, it was impossible to attribute that improvement to these two programs without a thorough evaluation. At that time, Board staff noted that internally we do not have the skill sets to perform that level of evaluation.

With the same goal in mind, Board staff is now requesting that the Board of Trustees allocate up to \$10,000 to fund a contract with a professional evaluator or evaluation firm. The money was not included in either the FY 2016 Purchasing Plan or the Board's administrative budget. If approved, staff will solicit bids/proposals in accordance with our Purchasing Policy.

The following motion is recommended for consideration:

The Mental Health and Recovery Services Board of Lucas County allocates an amount not to exceed \$10,000 in FY 2016 for the purchase of professional evaluation services, and authorizes the Board's staff to solicit proposals for such services and select and contract with a vendor according to the guidelines in the Board's Purchasing Policy.

Civil Commitment Designations - Appointment of Attorney

Ohio Revised Code [5122.15 (A)(10)] says that for cases of evaluation by Probate Court for civil commitment, the MHR SB will designate an attorney to present the case demonstrating that a person is a mentally ill person subject to court order. In June, 2015, the Board designated Attorney David R. Taylor to be one of the Board's two attorneys. It has since come to our attention that Attorney Taylor has handed those duties off to Attorney Keith Mitchell.

In order to document MHR SB's compliance with these statutory requirements, the following motions are recommended:

The Mental Health and Recovery Services Board of Lucas County rescinds the motion it approved at its June 16, 2015 meeting to designate David R. Taylor as an attorney to fulfill the Board's responsibilities according to ORC 5122 related to involuntary civil commitments.

and

For the period of July 1, 2015 to June 30, 2016, the Mental Health and Recovery Services Board of Lucas County Designates Attorneys Carla B. Davis and Keith L. Mitchell to fulfill the responsibilities of:

- a. *Timely hearings under ORC 5122.141(B);*
- b. *Hearing for involuntary commitments under ORC 5122.15 (A) (10) and (H);*
- c. *Hearing procedures under ORC 5122.15*

FY 2015 Year-End Monitoring Report

The programs funded by the MHR SB are evaluated through two primary mechanisms: annual compliance reviews and biannual outcomes reporting. As detailed in the MHR SB Continuous Quality Improvement (CQI) Plan, Board staff will summarize these specific monitoring efforts at least annually. The summaries of both monitoring mechanisms are detailed below:

A. FY 2015 Compliance Review Methodology and Results

Providers were monitored throughout the fiscal year through the compliance review process, which includes an annual on-site visit at the providers' locations, as well as a desk audit of required contract elements. The compliance review process demonstrates that the providers are operating within the MHR SB Provider Agreement, and allows the MHR SB to assure OMHAS that it is operating within its assurance statements, provides sub-recipient monitoring, and has established billing guidelines. Compliance reviews were conducted between October 2014 – May 2015 for 21 of the 22 agencies that had MHR SB Provider Agreements in FY 2015; the remaining provider, Lutheran Social Services, received an MHR SB Provider Agreement mid-way through FY 2015, so they are slated to receive their first compliance review in FY 2016. All providers were cooperative throughout the process and were receptive to questions before, during, and after the on-site reviews. Providers were mostly in compliance, and Adelante, NPI, TASC, and the Wernert Center were all found to be fully compliant (no findings).

1. MHR SB's "Statement of Assurance" (Attachment 4 of the FY 2015 MHR SB Provider Agreement)

- *What is it?* The MHR SB contract includes a Statement of Assurance (Attachment 4), which identifies several documents, certifications, insurance policies, etc., to be submitted to the Board during the course of the fiscal year. These requirements are reviewed quarterly (or as needed) in the form of a desk audit by the MHR SB Contract Compliance Monitor.
- *Comments:* This is the area in which there are usually findings, meaning delinquent submissions of required documents such as insurance policies (directors/officers, molestation, vehicle, building, liability, and/or fiduciary bond) and OHMAS certifications. There was a noted improvement in this area was regarding submission of record retention policies. There was a note in FY 2014, seven providers were non-compliant. It was reduced to just one that was non-compliant in FY 2015, and that provider was actively working on creating a policy.

2. Billing/Purchase of Service (“POS”) Claims

- **What is it?** The billing/POS claims review consists of testing a sample of client records to ensure that mental health and addiction treatment claims submitted for payment were billed in a manner consistent with OAC 5160-27-01, OAC 5160-27-02, and OAC 5160-27-05. Testing focuses on the accuracy and thoroughness of billing documentation such as time and duration, client and provider eligibility, consistency with individual service plan (“ISP”), etc. Emphasis is placed on the review of critical requirements connected with the performance of clinical services for which compliance must be continuously and uniformly demonstrated. If claims do not meet the standard(s), the amount paid is recovered by the MHR SB. MHR SB staff will review and document the provider’s procedures for assessing, collecting, and reporting first- and third-party payments in MACSIS. An on-site review of randomly selected MHR SB-funded client claims is conducted by the MHR SB Manager of Benefits and Claims and the Contract Compliance Monitor.
- **Comments:** The amount recovered from three treatment providers as a result of the POS review was \$8,598.94. By comparison, \$7,550.45 was recovered in FY 2013, and \$6,404.55 was recovered in FY 2012. A review of the three fiscal years did not reveal specific trends for the increased amount of recovered funds year-over-year. (Years prior to FY 2012 included Medicaid claims and are not comparable in the context of this report.)

3. Financial Operations

- **What is it?** The review of financial operations includes an analysis of the FY 2014 Provider Agreement Attachment 4, as well as overall financial and internal control procedures of the provider. An on-site review and interview is conducted by the MHR SB Finance Manager.
- **Comments:** There were few findings in this area (one regarding late submissions of overall provider budget and 990, and one for a management letter in regards to a provider’s audited financial statements). Action plans were received from both providers.

4. MHR SB “Addiction Services Agency Assurances” Compliance (Attachment B of the MHR SB Provider Agreement)

- **What is it?** These assurances are required of recipients of Substance Abuse Prevention and Treatment (“SAPT”) Block Grant funds, as defined in Public Laws 102-394 and 102-231. In order to comply with the requirements for receipt of such funds and other state and federal funds distributed through OMHAS, the organization has agreed to the following items within OMHAS’s “Agreement and Assurances Template Form” (revised 5/12/2014). An on-site policy/procedure review and interview is conducted by the MHR SB Quality Improvement Manager.

- *Comments:* A single provider had one finding in this area (ensuring that there is a clear protocol for determining and communicating when the provider is at 90% capacity for programs that serve intravenous drug users). The underlying point of this standard—access to treatment—is being addressed through the Access Work Group, but will continue to be monitored annually for treatment providers receiving SAPT Block Grant funds.

5. Environmental Factors

- *What is it?* During the on-site compliance review, MHR SB staff will evaluate the overall quality of the location as it relates to cleanliness, comfort, maintenance, and safety. Additionally, MHR SB staff determines if specific signage and client rights policies (if applicable) are present and reasonably visible to clients. They are given ratings of "Excellent," "Good," "Fair," or "Poor." Elements that are out of the provider's control (e.g. parking lot not owned by the provider) are evaluated as fairly and as reasonably as would be evaluated by the provider's clients. An on-site review is conducted by the MHR SB Quality Improvement Manager or Manager of Benefits and Claims.
- *Comments:* Of the four providers that had findings in this area, two did not have an MHR SB logo posted on their entrance or waiting room, and the other two did not have their client rights/client grievance policies and procedures posted. All were corrected after the review.

6. Program(s)

- *What is it?* There are three parts to this portion of the compliance review. **(1)** The primary purpose of this portion of the review is to demonstrate provider compliance with applicable MHR SB policies. It is the policy of the MHR SB to:
- i. Subsidize treatment services for Lucas County residents who demonstrate a defined level of clinical and financial need, and receive an eligible treatment service from an MHR SB-contracted provider [policy entitled: "Clinical Eligibility for Board-Funded Treatment Services," effective 07/01/2014];
 - ii. Require contract providers to have a process for managing clients who must be placed on a waiting list (policy entitled: "Levels of Clinical Need," effective 6/1/2014);
 - iii. Communicate with MHR SB staff when a waiting list is necessary [policy entitled: "Waiting List," effective 06/01/2014];
 - iv. Obligate service providers to assure that clients have access to an on-call clinician 24/7 at their organization [policy entitled: "After-Hours Access," effective 06/01/2014];

- v. Require providers to have written policies regarding termination/case closure and reinstatement into services for both Medicaid and MHR SB-subsidized clients [policy entitled: "Consumer Protection from Termination of Services," effective 06/01/2014]; and
- vi. Ensure that any apartments or rooms not licensed pursuant to Ohio Revised Code 5119:34 proposed to house individuals eligible to receive MHR SB-subsidized services will meet minimum fire safety standards, also ensuring that those individuals will receive appropriate and necessary services [policy entitled: "Non-Licensed Housing," effective 03/2014].

For this portion of the review, an interview and policy audit is conducted by the MHR SB Quality Improvement Manager, as well as the Manager of Support Services (if applicable) and/or Manager of Prevention (if applicable). **(2)** MHR SB staff performs a desk review of treatment provider compliance with the OMHAS Ohio Behavior Health ("OHBH") module submissions. **(3)** The final portion of this part of the review is to conduct an audit of MHR SB Notice of Privacy Practices receipts given to individuals receiving MHR SB subsidies and receiving treatment at a provider with an MHR SB provider agreement. This is conducted by the Quality Improvement Manager or the Manager of Benefits and Claims.

→ **Comments: (1)** It was observed that there was a disparity between MHR SB and provider policies. In particular, it was noted that providers consistently and independently expressed confusion over the Medicaid provision in the "Consumer Protection from Termination of Services" Policy, as it seems to suggest that only the Medicaid population may receive such clinically necessary services rather than all clients regardless of payer source. Additionally, a gap was observed between the elements in the MHR SB "Waiting List" Policy and treatment provider protocols. Finally, the applicability of the "Non-Licensed Housing" Policy as it relates to programming funded by the MHR SB was often questioned. **(2)** No findings noted for the OHBH module review. **(3)** Finally, for the Notice of Privacy Practices receipt audit portion of the program review, it was found that 22% (21/95) of the sample individuals receiving MHR SB subsidies did not sign off agreeing that they had received an MHR SB Notice of Privacy Practices document. Those individuals who appeared to not receive the document at their treatment provider were subsequently mailed one.

Providers with findings were required to submit an action plan within 30 days of the report, as well as submit evidence of compliance; all providers were timely in submitting their action plans, with the exception of UMADAOP, which has since complied.

In March of 2015, MHR SB approved a policy entitled "Emergency Crisis Intervention Services and Eligibility" which has implications for providers of treatment services. Beginning this year, MHR SB staff will monitor compliance with the policy's provisions as part of the program policy review. The MHR SB compliance review season for FY 2016 will commence in October 2015 and will continue through May 2016. Though several features have been added to the compliance

review process (such as the provider policy review), the process is stable. Reviews will continue to be both desk audit and on-site; however, beginning in FY 2016, MHR SB staff will perform the on-site portions of the review on a two-year cycle rather than annually with the following exceptions:

- Select programs that receive Federal funds;
- New contracts;
- Providers that were cited for significant non-compliance; and/or
- Providers that receive POS funds for mental health or addiction treatments.

Using this formula, MHR SB staff will stagger the on-site reviews so that MHR SB can visit at least half of its contracts one year, and the remaining contracts the year following. Contract compliance monitoring, fiscal monitoring, and performance monitoring will continue regardless, and MHR SB will still perform annual or as-needed desk audits to ensure that reporting requirements are being met.

B. FYE Provider Performance Report: Outcomes

In the FY 2015 Provider Agreements, the MHR SB agreed that outcomes and performance measures for each program would be collected on a bi-annual basis, and when necessary, staff may also request quarterly reporting.

Providers were asked to submit their self-reported outcomes data in Survey Monkey, and the results were exported and reviewed by MHR SB staff. When data that could be used to substantiate the outcomes reporting were available—such as via claims data (MACSIS) for POS treatment programs—these resources were utilized. With the exception of two providers (UMADAOP and the Forensic Monitor), all submitted their reports in conformance, and attached is a report for the Committee’s review that depicts FY 2015’s performance. Further detail of the methodology and review process can be found in the first section of the report.

The Committee will see that the report is delineated by “line of business,” that is, “Treatment,” “Prevention,” and “Support Services.” While this approach should not be construed as an apples-to-apples comparison of the programs within, the intention is to bring some perspective as to how each category as a whole is performing. In total, 83 treatment, prevention, and support programs at 24 providers were reviewed with respect to the number of performance measures and outcomes achieved by the fiscal year-end. Programs that did not achieve the contracted performance measures and outcomes will be required to submit quarterly reporting in FY 2016, and Board staff will perform a review of these programs after the first quarter.

Attached to the meeting packet is the FY 2015 Year-End Provider Performance Report which contains a summary of each program.

Health Officer Credentialing

System Health Officer Candidates are reviewed and approved based on criteria established in Board Policy – Designation of Health Officers, in accordance with ORC 5122.01(J) to facilitate emergency hospitalization as described in ORC 5122.10. Designation as a health officer by MHR SB authorizes agency staff to take into custody persons who are thought to be mentally ill for the purpose of emergency examination in a hospital or community mental health agency.

The Health Officer Credentialing Committee reviewed applications for seventeen (17) renewal candidates and two (2) new candidates. The Committee reviewed documentation to verify that the individuals being considered have the required licensure or certifications, experience in the field, and trainings as required by MHR SB policy. The individuals listed in the motion below have met the requirements for designation as a System Health Officer.

The following motion is recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County designates the following individuals listed as System Health Officers to serve a term not to exceed two years:

For Renewal of Designation:

Jason A. Bachar (LSW) – Harbor – not to exceed October 31, 2017
Camille P. Abounaaj (BA, LSW)– Unison – not to exceed October 31, 2017
Melissa R. Dohse (LSW, LPCC) – Unison – not to exceed October 31, 2017
Bruce A. Kelley (LSW, LCDC III) – Unison – not to exceed October 31, 2017
Amy L. Kobold (MA, LPCC-S) – Unison – not to exceed October 31, 2017
Timothy Q. Foreman (MHP I, LSW) – Rescue – not to exceed October 31, 2017
Michael F. Frenzell (MHP III, LPCC) – Rescue – not to exceed October 31, 2017
Bonnie J. Harden (MHP I, LSW) – Rescue – not to exceed October 31, 2017
Carole L. Hood (CNO, RN) – Rescue – not to exceed October 31, 2017
Helen Montalto (MHP I, LSW) – Rescue – not to exceed October 31, 2017
Jewel Patterson (MHP I, LSW) – Rescue – not to exceed October 31, 2017
Helisa D. Rowan (MHP I, LSW) – Rescue – not to exceed October 31, 2017
Anthony W. Szilagye (MHP III, LPCC) – Rescue – not to exceed October 31, 2017
Tanya M. Turner (MHP III, LISW-S) – Rescue – not to exceed October 31, 2017
Pamela R. Contreras (LSW) – Zepf – not to exceed October 31, 2017
Michelle R. Hurlless (BSW, LSW) – Zepf – not to exceed October 31, 2017
Amy L. Rose (MA, LSW) – Zepf – not to exceed October 31, 2017

For New Designation:

LeeLin F. Beebe (LSW) – Zepf – not to exceed October 31, 2017
Alicia R. Winne (MSW, LSW) – Zepf - not to exceed October 31, 2017

Recovery Council Update

The Recovery Council will host a "Recovery is Beautiful" rally on Saturday, September 26, 2015 at Ottawa Park.

The Recovery Council had the opportunity to interview two applicants last month. Both applicants bring a great deal of knowledge and positive energy to the Council. If these applicants are approved, the Council will be at full membership.

- Justin Brandeberry is extremely active in the recovery community. He has distributed 900 "Recovery is Beautiful" bracelets at various clubs and meetings. Justin will bring a lot of energy and innovative ideas to the Council.
- Ed Polestra is a former state legislator from the State of Arizona where he served as a State Hearing Commissioner. Ed is a recent graduate of the CET Program and received three letters of recommendations from Unison staff. Ed is tactful, articulate, and humorous, and will be a fresh and enthusiastic voice to the Council.

The Recovery Council in collaboration with Board Staff recommends the following motion:

The Programs & Services Committee approves the following candidates for appointment to the Recovery Council to serve a partial term effective 10/1/2015-6/30/16. Candidates may be considered for reappointment to a full-term beginning July 1, 2016:

- *Justin Brandeberry, partial term not to exceed June 30, 2016.*
- *Edward Polestra, partial term not to exceed June 30, 2016.*

FY 2015 Year-End Provider Performance Report

Mental Health & Recovery Services Board of
Lucas County



701 Adams Street, Suite 800
Toledo, OH 43604
419-213-4600

<http://www.lcmhrsb.oh.gov/>

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

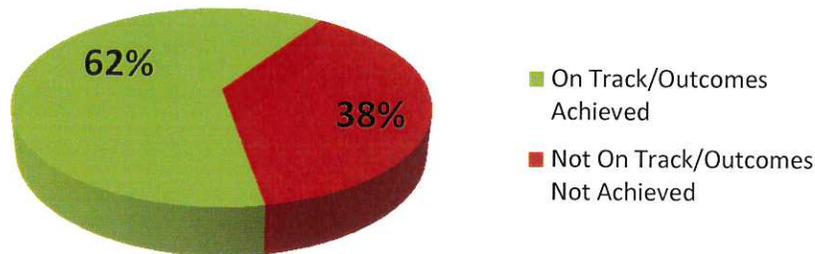
The first question addressed is how the system is doing as a whole, which is inclusive of the percentage of programs “on track/outcomes achieved” or otherwise, as well as numbers of people served. Provider programs and their outcomes are then delineated in the report by “line of business,” that is, “Treatment,” “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. [Client choice is factored into average.]			
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 MHRSB 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 MHRBSB 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 MHRBSB 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

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?
A Renewed Mind	Rapid Response Non-Medicaid AOD Outpatient Tx	21	Implementation Year	Program was newly funded by MHRSB, 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%]. MHRSB 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 MHRSB, 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

MHRBSB 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 MHRBSB-required activity, nor is it required for the fidelity of the program, this single activity in the program was eliminated for the MHRBSB FY 2016 contract.	No
Adelante	Nosotros	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 MHRBSB 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. MHRBSB 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. MHRBSB 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

MHRSB 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 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 # 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

MHRSB 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 MHRSB 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 NGRI 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 and the individual, 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

MHRBSB 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, MHRBSB staff will meet with the provider to adjust the program to what can be realistically accomplished.	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?
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. MHRSB 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 MHRSB on 2/17/2015.	N/A

MHRBSB 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. MHRBSB 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 MHRBSB on 2/17/2015; provider did not contest. Will not be funded in FY 2016.	N/A

MHRBSB 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