MHRSB PROGRAMS & SERVICES COMMITTEE MEETING
September 27, 2016
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 30, 2016	✓	✓		1-4
4. FY 2017 Community Mini-Grant Allocations	✓	✓	✓	5-9
5. FY 2016 Year-End Monitoring Report A. Compliance Review Methodology and Results B. FYE Provider Performance Report: Outcomes *(See Separate Attachment)*	 ✓ ✓			10 10-13 13 (1)-(29)
6. Health Officer Credentialing	✓	✓		14
7. Recovery Council Update	✓			14
8. Open Session				
9. Adjournment				

PROGRAMS & SERVICES COMMITTEE MINUTES
August 30, 2016

Programs & Services Committee Members Attending:

Tony Pfeiffer	Andrea Mendoza Loch	Andre Tiggs
Carol Ann Allen	Marcia Silverman	

Programs & Services Committee Members Absent:

Pastor Donald Perryman	Robin Reeves	Dr. Lois Ventura

Other Board Members Attending:
Dr. Mary Gombash

Visitors: Richard Arnold; Kathy Bihn, NPI; Geof Allan, UMADAOP; Jim Aulenbacher, Harbor; Annette Clark, FSNO; Jason Vigh, Rescue; Sara Meinecke, Adelante; Merisa Parker, Arrowhead; Anita Zych, Unison; Deb Angel, Recovery Council; Joseph Denicola, Arrowhead; Amy Wobser, Full Circle to Completion; Lynnette Hair, NPI; Jason Goldswer, ARM; Tryna Sanders, SORC; Margaret Tisdale NAOMI; Chris Warner, Arrowhead.

Staff: Scott Sylak, Tim Goyer, Karen Olnhausen, Donna Robinson, Camilla Roth Szirotnyak, Amy Priest, Cynthia Brown-Chery, Carolyn Gallatin, Kristal Barham.

Mr. Tiggs opened the meeting at 4:00 p.m., followed by an introduction of visitors, and new Board member, Marcia Silverman.

Meeting Minutes: July 26, 2016

Ms. Allen made a motion to approve the meeting minutes and it was seconded by Ms. Mendoza Loch. There was no discussion and the minutes were approved by a voice vote.

Detoxification Services

Mr. Sylak tied the expansion of detoxifications services into MHRSB's Strategic Plan of reducing the impact of substance abuse and mental illness in Lucas County, and identifying it as a system-wide gap included in the Board's FY 2017 Community Plan. Ongoing discussions have occurred with regard to the barriers to accessibility and lack of detoxification services. On July 26, 2016, the P&S Committee received an update from Board staff with regard to current efforts to expand AOD inpatient services through three avenues including a collaboration with the Northwest Ohio Hospital Council, support of Lima UMADAOP's planning efforts to develop inpatient treatment services in Lucas County, and consideration of a proposal submitted by Arrowhead Behavioral Health to rapidly expand access to sub-acute detoxification services.

Mr. Sylak facilitated discussion with the Committee regarding Arrowhead's proposal and he reviewed the eight discussion points for consideration outlined on pages 6 & 7 of the meeting packet. Board staff recommends support of Zepf Center sub-contracting with Arrowhead Behavioral Health in order to expand detoxification services in Lucas County, and requested feedback from the Committee. The following Q&A occurred between the Committee, and Mr. Denicola, CEO of Arrowhead Behavioral Health and Mr. Sylak, MHRSB Executive Director:

- **Q:** Dr. Gombash asked if the detox services will only be for injectable opioid drug users or for all types of drug addiction. **A:** All types of detoxification services will be available; however, if Arrowhead patients require IV fluids and have a very high level of alcohol in their system, they are transferred to the hospital (primarily St. Luke's) based on the medical stabilization guidelines; patients then return to Arrowhead to complete detoxification and to identify the next steps for treatment and recovery.

- **Q:** Dr. Gombash asked if Arrowhead is doing comprehensive drug testing to identify what substances patients are taking, noting that hospitals don't provide those services. **A:** Arrowhead currently conducts a nine panel drug test upon admission, and depending on patient diagnosis, during preparation for the next level of care. Arrowhead does continuous UDS's on patients to ensure stability and sobriety before being discharged.

- **Q:** Dr. Gombash asked what the outcomes are for patients transitioning back to the community and staying within a treatment program. **A:** Data collection after discharge is very difficult for Arrowhead to collect; however, outcomes are calculated from time of admission to time of discharge using the ICQ. Patient recidivism rate is low based on a 30 day re-admission that is carefully tracked through a closely monitored clinical dashboard.

- **Q:** Dr. Gombash asked how many patients leave against medical advice (AMA). **A:** Prior to two years ago when Mr. Denicola joined Arrowhead, there was a very high AMA rate. Arrowhead is looking at their internal policies and procedures, and following JCAHO and CMS standards to ensure patients that are admitted who are detoxing from a lethal substance are not signing out AMA that aren't first stabilized. AMA's have declined by 70% last year; the second quarter this year there was a total of 9 AMA discharges. Prior to discharge, housing arrangements are secured for all patients leaving Arrowhead.

- **Q:** Dr. Gombash asked if the government lifts the IMD, will Arrowhead continue to take detox patients covered under Medicaid terms. **A:** Arrowhead's goal is to contract with the five managed care organizations throughout Northwest Ohio seeking credentialing for Medicaid services for inpatients with the proposed IMG waiver.

- **Q:** Dr. Gombash asked what the Medicare rate is for detox; **A:** It was $685.00 - $700.00; noting there is not a per diem rate for Medicaid. Arrowhead offers partial hospitalization, IOP programming, Suboxone maintenance and they are starting a Vivitrol program. Arrowhead can bill Medicaid for outpatient detox.

- **Q:** Ms. Mendoza Loch asked if the rates in Arrowhead's proposal are set. **A:** Mr. Sylak said there will be further discussion with Arrowhead. Ms. Mendoza Loch said due to the ongoing heroin/opiate epidemic, the Board will need to look at future funding. Mr. Sylak said typically the Board wouldn't fund at this high amount, but Staff wanted to provide the Committee with the proposed amount, noting that this rate is consistent with services Arrowhead has provided to the DART team for uncompensated care over the past several months.

- **Q:** Mr. Pfeiffer asked what defines a day at Arrowhead i.e., is it a true 24-hour period? **A:** Arrowhead doesn't charge for the last day of treatment. If a patient comes in late on the first day they are charged, then they can stay on their last day as long as necessary without being charged. Average length of stay is five days, but some clients may differ based on their individual needs.

  Mr. Sylak said detox is preparing the body and the mind to receive treatment services and noted that MHRSB wants to measure the connection of detox to outpatient services. Mr. Denicola said a discharge assessment is started within 24 hours of admission with emphasis on aftercare placement.

- **Q:** Dr. Gombash asked how many patient referrals come in from the other ADAMH boards on a monthly basis. **A:** Arrowhead averages about 25 patients and has 15 beds available for Lucas County residents.

- **Q:** Ms. Mendoza Loch asked if other hospitals have come forward to provide detox services. **A:** Mr. Sylak has previously asked the hospitals to consider providing inpatient detoxification services; there is a long-term discussion about what hospitals believe detoxification services should look like in our community. However, Arrowhead's proposal will address the issue of immediate need.

- **Q:** Dr. Gombash asked if psychiatric evaluations are completed. **A:** Every Arrowhead patient that is admitted receives a psychiatric evaluation within 24- hours of admission and they see the psychiatrist on a daily basis. Arrowhead works with the CMHC and the Recovery Helpline to transition clients into recovery if they can't stepdown into one of Arrowhead's programs.

- **Q:** Dr. Gombash asked if Arrowhead plans to use Suboxone. **A:** Arrowhead is looking at all of the different options and they don't want anyone to stay on a derivative for a long time; Arrowhead is looking at Vivitrol as another option.

- **Q:** Ms. Mendoza Loch asked what feedback the Staff has received from other counties with regard to Arrowhead's detoxification program. **A:** Mr. Sylak said Four County wrote a letter of recommendation in support; Wood and Mercer/Van Wert Counties have a successful contract; Mr. Sylak reported no issues upon consulting with the other Boards. Dr. Gombash expressed appreciation to Arrowhead for "stepping up" to the need and said it sounds like it is a comprehensive program to help prevent overdose deaths.

There was consensus by the Committee to move forward with the discussion of expanding AOD inpatient detoxification services as presented.

NPI Road to Recovery

Mr. Goyer referred to page eight of the meeting packet for a discussion of the NPI Road to Recovery project that originated in 1999 with various partners. Currently, the project is located at 2529 Erie Street and houses 18 homeless persons who have both mental illness and substance abuse issues. Mr. Goyer explained the history of grant funding for the project noting that prior to 2013, the project was funded by a combination of HUD Transitional Housing (TH) and Permanent Supportive Housing (PSH) grants. Since 2013, it was determined that both housing grants couldn't be used for the same project, so the Board and NPI decided to keep the HUD TH grant and relinquish the HUD PSH grant. MHRSB then agreed to allocate FY 2017 housing support to NPI in the amount of $107,100 to fill the PSH grant gap. In March/April 2016, HUD announced that it would no longer fund the TH grant; therefore, requiring additional funding for the Road to Recovery project in its current structure. In addition, NPI's program manager resigned which will require new personnel if the project continues in its current form.

Mr. Goyer reported that the outcomes for the Road to Recovery are positive and he explained several options that Staff is evaluating (outlined on page eight of the meeting packet), as well as receiving some additional information from NPI to help determine whether or not the Board staff should make a recommendation to the Planning & Finance on September 13, 2016 to provide additional funding to pay for support services at the current site.

The Committee was given an opportunity to provide input into the process of crafting a recommendation. Concern was expressed regarding NPI's current staffing for the project. Ms. Hair said NPI is using current staff to rotate field positions as well as part-time contingency staff on-site to provide support services.

Recovery Council Update

Ms. Barham reported that the Recovery Council met a few times since the last P&S Committee meeting and decided to provide support for the Neighborhood Properties Inc. (NPI) Showcase of Recovery event on September 11, 2016 in lieu of holding a "Recovery is Beautiful" rally this year. The Council will begin discussions at their next monthly meeting to begin planning for a large community celebration next September around recovery.

Open Session

There were no comments made.

Adjournment

The meeting was adjourned at 4:54 p.m.

The following motion is recommended to the Programs & Services Committee:

The Programs & Services Committee approves the August 30, 2016 meeting minutes.

FY 2017 Community Mini-Grant Allocations

In an effort to foster activities that promote positive mental health and prevent substance abuse, the Board of Trustees approved implementation of a community mini-grant program in FY 2016. In the MHRSB Purchasing Plan, $100,000 was approved to allocate funds for innovative projects to grass roots organizations that are making a difference in the communities they serve by providing programming that offers skills, strengths, resources, supports, or coping strategies for the population that the MHRSB serves.

The mini-grant process was tweaked this fiscal year due to "lessons learned" from the previous funding period. Eligibility changes for this fiscal year stated that the total annualized budget could not exceed $750,000, and the application for grassroots community based organizations needed to clearly state that priority would be given to programming expenses. Previous years' recipients are eligible in FY 2017, but a recipient may only receive one award per year.

A total of 16 proposals were submitted for funding; of those submissions, three were eliminated because they did not meet the eligibility requirements. The remaining 13 proposals were submitted to a proposal review committee consisting of one community member, three Board staff, and one Board member. Each member of the Proposal Review Committee evaluated the proposal submissions independently following a prescribed, uniform format. The proposals were ranked and evaluated on purpose and need, prior experience, creativity, clearly defined priorities, alignment with MHRSB mission, cost aligned with activities provided, reasonableness of proposed costs per client, and anticipated project outcomes.

The top eleven ranked proposals are attached for your review and approval for funding. As indicated in the proposal, all unused funds must be returned to the Mental Health and Recovery Services Board of Lucas County.

The next Community mini-grant RFP will be released on November 14, 2016 for programs running from January 1, 2017 – June 30, 2017. The remaining amount for those allocations is $49,650.

The following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County approves these eleven Mini-Grant allocations totaling $50,350, and authorizes the Executive Director to execute appropriate FY 2017 Agreements with the agencies/individuals and for the individual amounts listed on the Mini-Grants worksheet included in the meeting packet.***

FY 2017 Community MIni-grant Round #1

No.	Agency	Project Description	Amount
1	Aurora Project, Inc.	Aurora Project is a comprehensive housing and life skills program that empowers homeless women and their children to achieve self-sufficiency and independence by providing resources and learning opportunities in a safe and supportive environment. Aurora is requesting $5,000 to support the overall programs/operations provided to these families. Women served present with multiple and complex service needs, i.e., mental health and AOD; domestic violence, chaotic family histories, etc. To address these issues, Aurora provides intensive case management, linkage to community resources and programming designed to: increase a woman's employability potential, stabilize her family and provide her with the skills necessary to obtain and maintain permanent housing.	$ 5,000.00
2	Awaken Hope Foundation	Awaken Hope Foundation (A.H.F.) is a nonprofit organization that is committed to assisting individuals in need with the achievement of positive life outcomes by providing a vast array of wrap-around therapeutic programs in effort to support not only the individual, but also their family and the community-at-large. Via the "Prevention of Homelessness & Recidivism in Ex-offenders" program, A.H.F. intends to assist in the efforts of further reducing Ohio's recidivism rates by offering stable housing to ex-offenders wherein the residents/clients will receive job skill and/or microbusiness startup training, assistance in achieving educational goals, facilitated peer group/individual counseling sessions, as well as goal-targeted case management by a trained staff and certified counselors. Individuals that participate in this program will be equipped with the necessary tools in order to take advantage of "another chance" to live a life wherein in they are a positive contributing member to society.	$ 5,000.00
3	Behavioral Threat Assessment Teams	Deliver holistic training for K – 12 educators, staff, school resource officers, nurses, mental health personnel or any individual who is in contact with youth and has the capability to identify students at risk of perpetrating acts of intrapersonal violence. Grant funds will be used for training materials for each BTA team as well as conference room reservation and meal/beverage costs for attendees.	$ 5,000.00

FY 2017 Community MIni-grant Round #1

No.	Agency	Project Description	Amount
4	Family House	Family House is the 2nd largest homeless shelter for families in Ohio. We keep families together during the crisis of homelessness, providing not only emergency housing, food, clothing and basic human needs, but also advocacy and assistance in the identification of areas that are unhealthy, causing adverse life consequences for the families. Through Goal Support Groups, family members will interact with each other, with a facilitator to address mental health concerns, anxiety, depression, fear and other obstacles that impede the family member's ability to move forward and keep them "stuck" in a cycle of helplessness; creating hope and community. Family House does not have a mental health provider working in the shelter, therefore, there are times mental health needs are not addressed. These groups will provide an opportunity for peer-to-peer engagement to empower each other with resources, support and encouragement to yield higher results in program compliance and emotional support.	$ 5,000.00
5	Food for Thought	This project is a partnership between Food for Thought and Cedar Creek Church's Addiction Recovery group called Celebrate Recovery. Food for Thought will provide nutrition education and mobile food pantry services to the group on a monthly basis. Along with the pantry, fresh fruits and vegetables will be provided each week for those in the recovery group to have as a healthy snack prior to the group. There will also be a community dinner at the end of the program that will be partially prepared by members of the recovery group.	$ 3,600.00
6	JLJ Vision Outreach Inc	Our BUDDY Program serves as an alternative learning placement program for students that have found difficulties in a traditional classroom setting. The acronym BUDDY stands for Building Understanding Developing Disciplined Youth. Our services are conducted during regular school hours at ten Toledo Public School District Elementary and two Springfield School Districts Elementary. Our services help redirect students with behavioral referral, transition back into the class room with strengthened pro-social skills and mannerism consistent with the student code of conduct. Our BUDDY Program focuses on academic enrichment, behavior modification and character development. This program will serve as an alternative to suspension and detention, resulting in reduced out of school placement and higher instructional hours for children identified with discipline referrals.	$ 5,000.00

No.	Agency	Project Description	Amount
7	JRM Mentoring	J.R.M. Mentoring is a non-profit organization that uses vehicles such as seasonal sports, group mentoring and educational enrichment activities to enhance the lives of at risk youth while empowering them to gain life-skills, independency and self-sufficiency. We inspire and motivate youth to realize their full potential, gain self-confidence, build integrity and continue their education. Our project is S.C.S.A (Success Coaches & Student Athletes). We will target 12-15 youth between 5th -8th grades via teacher referrals from Arlington Elementary School. Students will be paired with Success Coaches that will dedicate at least 10 hrs/week through group mentoring, tutoring, activities and organized sports in attempts to help them focus more on their academics as well as decrease negative behaviors.	$ 5,000.00
8	SanCei Wellness with First Church Unity	This educational course is designed for those persons interested in improving their recovery skills and overall wellbeing. Individuals will participate in developing an individual mindfulness practice, an additional tool to achieve long term emotional and spiritual growth. This proposal is to offer training in skills that provide creative complementary strategies for addiction recovery and 12 Step work for individuals to boost their capacity to envision and take actions toward achieving their hope for a healthy future. A Mindful Path to Living the Twelve Steps will give the opportunity for the participants to experience the efficacy of combining mindfulness with recovery programming, enhancing mind-body connectedness. The project is based on the successful pilot on Mindfulness in Twelve Step Recovery held in spring of this year with MHRSB support.	$ 3,000.00
9	Sofia Quintero Art and Cultural Center	The Sofia Quintero Art and Cultural Center (501(c)(3) is a premier regional Latino based organization that supports and gives voice to artistic and educational expressions which advance community development, responsibility and social equity, cultural diversity, global awareness and stewardship. The Community Access Serving All (CASA) "Home" project will provide positive social and cultural activities in an area with limited opportunities for personal and community engagement. The programs in the CASA project are: "Tuesday Night Open Mike Night", First Friday (which provides information, an artistic highlight and a meal) and Third Thursday Art Loop. These events are inclusive, open to the public and welcoming to the entire community. The CASA project will provide a venue to inform and engage members of the Spanish speaking Latino communities, not currently aware of services to manage mental and emotional disorders and addictions.	$ 5,000.00

No.	Agency	Project Description	Amount
10	T. Whitehead Recovery Center Inc.	T. Whitehead Recovery Center is a 100% sober living facility for men of all ages and addictions. The truly unique piece of our program is the spiritual growth residents gain by drawing on the strength, sobriety and hope of the resident group as a whole. We recently began renovating and remodeling the residential portion of our current facility. Conditions, due to the incompetence, neglect and corrupt behavior of the previous Resident Manager, had become intolerable to and affecting the recovery of our residents. Our facility which housed 12-14 men, upon project completion, will now accommodate 22 residents and 600+ weekly recovery meeting attendees. The funds we are requesting to complete our project will be used to finance a portion of the purchase and installation of a badly needed boiler that provides heat throughout the entire facility.	$ 5,000.00
11	The Victory Center	The Victory Center is a nonprofit cancer wellness center that offers holistic and complementary services to cancer patients, survivors and family members completely free of charge. We offer a broad array of programs including: art therapy, aromatherapy, nutrition, massage, reflexology, facials, support groups and exercise classes. Yoga classes are some of our most well-attended and most beneficial classes, held three times a week at The Victory Center. Currently, we offer Monday morning and Thursday evening 90 minute classes, as well as a Thursday afternoon chair yoga option which is 60 minutes in length. Many of our cancer patients and survivors battle depression and anxiety. Often their diagnosis exacerbates these issues. Because of the incredibly positive effect yoga has on alleviating stress, tension, and anxiety, these classes play a vital role in many of our participants' journeys.	$ 3,750.00
		TOTAL	$ 50,350.00

FY 2016 Year-End Monitoring Report

The programs funded by the MHRSB are evaluated through two primary mechanisms: annual compliance reviews and biannual outcomes reporting. As detailed in the MHRSB 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 2016 Compliance Review Methodology and Results

Providers were monitored throughout the fiscal year through the compliance review process, which includes an onsite visit at least once biennially at the providers' locations, as well as an annual desk audit of required contract elements. The compliance review process demonstrates that the providers are operating within the MHRSB Provider Agreement, and allows the MHRSB 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 2015 – June 2016 for the funded providers. All providers were cooperative throughout the process and were receptive to questions before, during, and after the onsite reviews. Providers were mostly in compliance, and ABLE, BBBS, FSNO, Learning Club, LSS, Mercy St. Vincent, NAMI, NPI, Wernert Center were all found to be fully compliant (no findings). The two primary findings were compliant with reporting admission and discharges in the Ohio Behavioral Health module (required by OMHAS for providers that receive certain state and federal funds) and not having policies/procedures that explicitly prohibit engaging in severe forms of trafficking, commercial sex acts, and using forced labor (statutory requirement for providers that receive Substance Abuse Prevention and Treatment Block Grant funds).

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

→ ***What is it?*** The MHRSB contract 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 MHRSB Contract Compliance Monitor.

→ ***Comments:*** Most providers were fully compliant in this area.

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 claims submitted for payment were billed in a manner consistent with OAC 5160-27-01, OAC 5160-27-02, OAC 5160-27-05, and OAC 5160-27-07. Testing focuses on the accuracy and thoroughness of billing documentation such as time and duration, client and provider eligibility, consistency with 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 MHRSB. MHRSB reps will review and document the agency's procedures for assessing, collecting, and reporting first- and

third-party payments in MACSIS. An onsite review of randomly selected MHRSB-funded client claims is conducted by the MHRSB Manager of Benefits and Claims and the Contract Compliance Monitor.

→ ***Comments:*** The amount recovered from four treatment providers as a result of the POS review was $10,060.20. By comparison, $8,598.94 was recovered for FY 2014, $7,550.45 was recovered for FY 2013, and $6,404.55 was recovered for 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 2015 Provider Agreement Attachment 4 (treatment items A-4: 14, 15, 16, 17, 37, 38, 41, 42, 45; prevention/supportive items A-4: 12, 13, 14, 15, 23, 24, 27, 28, 30, 31), as well as overall financial and internal control procedures of the provider. An onsite interview or desk review is conducted by the MHRSB Finance Manager.

→ ***Comments:*** Most providers were fully compliant in this area.

4. MHRSB "Addiction Services Agency Assurances" Compliance (Attachment B of the MHRSB 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 onsite interview or desk audit is conducted by the MHRSB Quality Improvement Manager.

→ ***Comments:*** The primary finding in this area was not having policies/procedures that explicitly prohibit engaging in severe forms of trafficking, commercial sex acts, and using forced labor (statutory requirement for providers that receive Substance Abuse Prevention and Treatment Block Grant funds). Providers have responded by developing policy that explicitly states such prohibition. Thus, greater compliance in terms of policy was achieved.

5. Environmental Factors

→ ***What is it?*** During the onsite compliance review, MHRSB reps evaluate the overall quality of the location as it relates to cleanliness, comfort, maintenance, and safety. Additionally, MHRSB reps determine if specific signage and client rights policies (if applicable) are present and reasonably visible to clients. The information presented in this report have ratings that include "Excellent," "Good," "Fair," and "Poor." Elements

that are out of the provider's control (e.g. parking lot not owned by the agency) are evaluated as fairly and as reasonably as would be evaluated by the provider's clients. An onsite review is conducted by the MHRSB 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 MHRSB 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 MHRSB policies. It is the policy of the MHRSB to:

i. obligate service providers to assure that clients have access to an on-call clinician 24/7 at their organization [entitled "After-Hours Access," effective 06/01/2014]; and

ii. require providers to have written policies regarding termination/case closure and reinstatement into services for both Medicaid and MHRSB-subsidized clients [entitled "Consumer Protection from Termination of Services," effective 06/01/2014]; and

iii. ensure that any apartments or rooms not licensed pursuant to Ohio Revised Code 5119:34 proposed to house individuals eligible to receive MHRSB-subsidized services will meet minimum fire safety standards, also ensuring that those individuals will receive appropriate and necessary services [entitled "Non-Licensed Housing," effective 03/2014]; and

iv. ensure that emergency and crisis intervention services are readily available to any person in Lucas County experiencing a mental health crisis [entitled "Emergency Crisis Intervention Services and Eligibility," effective 3/1/2015].

For this portion of the review, an onsite review or desk audit is conducted by the MHRSB Quality Improvement Manager. **(2)** Secondly, MHRSB representatives perform 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 MHRSB Notice of Privacy Practices receipts given to individuals receiving MHRSB subsidies and receiving treatment at a provider agency with an MHRSB provider agreement. This is conducted by the Quality Improvement Manager or the Manager of Benefits and Claims.

→ ***Comments:*** **(1)** Most providers were compliant with the noted MHRSB policies. **(2)** The primary finding in this area was compliance with reporting all admissions and discharges in the Ohio Behavioral Health module ['OHBH module'] (required by OMHAS for providers that receive certain state and federal funds). Several providers specified issues with the state's reporting platform (such as data showing in one report but not another), and some also mentioned that there was a lack of response from the state when issues arose. This will continue to be monitored. **(3)** Finally, for the Notice of Privacy Practices receipt audit portion of the program review, it was found that 89% (99/111) of the sample individuals receiving MHRSB subsidies signed a receipt agreeing that they had received an MHRSB Notice of Privacy Practices document. Those individuals who appeared to not receive the document at their treatment provider were subsequently mailed one. This is an improvement over FY 2015, during which only 78% (74/95) of clients had signed the receipt.

Providers with findings were required to submit an action plan, as well as submit evidence of compliance; all providers were timely in submitting their action plans.

The MHRSB compliance review season for FY 2016 will commence in October 2016 and will continue through May 2017. The review methodology process continues to be stable, and no significant changes are anticipated at the time of this report.

B. FYE Provider Performance Report: Outcomes (See Separate Attachment)

In the FY 2016 Provider Agreements, the MHRSB agreed that outcomes and performance measures for each program would be collected on a biannual 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 MHRSB 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. All providers submitted their reports in conformance, and attached is a report for the Committee's review that depicts FY 2016'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, 77 treatment, prevention, and support programs at 22 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 2017, and Board staff will perform a review of these programs after the first quarter.

At the conclusion of the provider performance report, a statement of each program's performance by the end of FY 2016 will be found.

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 MHRSB 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 two (2) renewal candidates, one (1) new candidate, and one (1) agency transfer candidate. 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 MHRSB 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:

> ***That 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 Designation:**
> *Charles Simon-Straub, RN – Rescue – not to exceed October 31, 2018*
> *Linda S. Howard, MHP, LSW – Rescue – not to exceed October 31, 2018*
>
> **For New Designation:**
> *Jacquelyn R. Caro, LISW – Harbor – not to exceed October 31, 2018*
> *Vicki I. Ammons, MHP, LSW – Rescue – not to exceed October 31, 2018*
>
> **For Agency Transfer Designation:**
> *Melinda R. Claypool, CNP – Harbor to Rescue – not to exceed November 30, 2017*

Recovery Council Update

The Recovery Council provided support for the Neighborhood Properties Inc. (NPI) Showcase of Recovery event that took place on September 11, 2016. The Showcase was a huge success and was well attended by the community, including six Board staff members.

In the future, several Board staff and some members of the Council will visit Board funded agencies to partake in unscripted dialogue with consumers to get their feedback on services, programs, and identify any unmet needs they may wish to share.

FY 2016 Year-End Provider Performance Report

Mental Health & Recovery Services Board of Lucas County

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http://www.lcmhrsb.ol

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 MHRSB 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 ("MHRSB") reviews the results to date of the programs funded by the MHRSB 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 MHRSB's SurveyMonkey account, a web-based survey tool. Treatment providers are often required to submit client lists via the MHRSB'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, MHRSB staff export the self-reported data from SurveyMonkey, as well as extract submitted client lists from the MHRSB FTP server. All data are thoroughly reviewed by select MHRSB 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

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[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.

MHRSB 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 MHRSB 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.

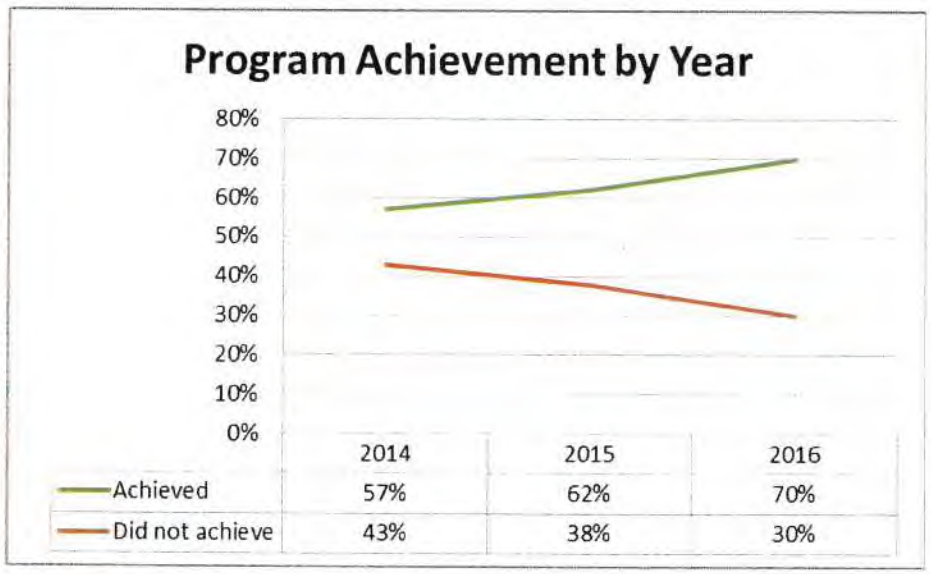
Reporting

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 MHRSB 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 MHRSB 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 MHRSB 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 MHRSB. 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 MHRSB'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.

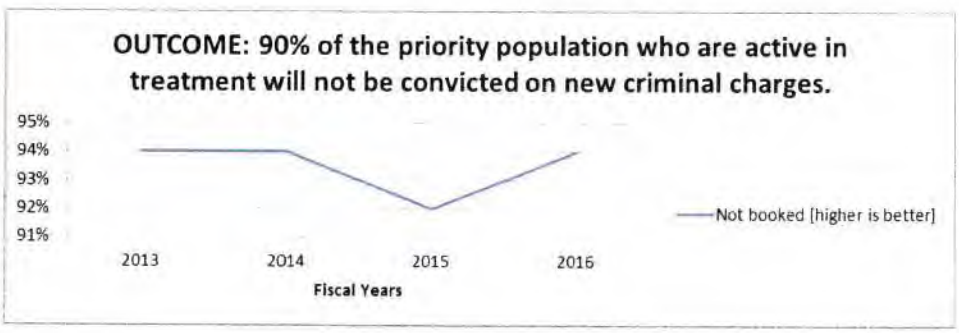
QUESTION:	AVERAGES *[Weighted by # of Surveys]*:
Agency staff listened carefully and understood my concerns and needs	91.4%
Agency staff treat me with respect and dignity	92.8%
The services I have received so far helped my problem or situation	89.9%
Number of surveys collected:	*3,532*

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.

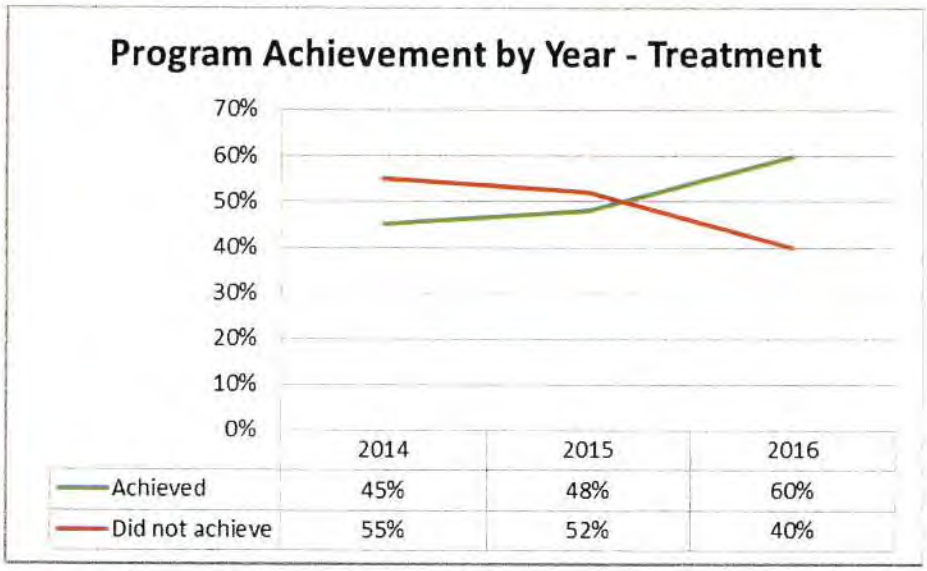
Outcome: 60% of all clients that enter outpatient treatment will remain in treatment for a minimum of 90 days; and of those clients who were retained for 90 days, 40% will be successfully discharged as measured by both completing their treatment goals and being abstinent for 30 days prior to discharge.

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%
	n=117	*n=88*	*n=0*	*n=275*	*n=40*	*n=77*	*n=116*

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 MHRSB 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 MHRSB Quality Council (which has provider representation) and MHRSB 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.

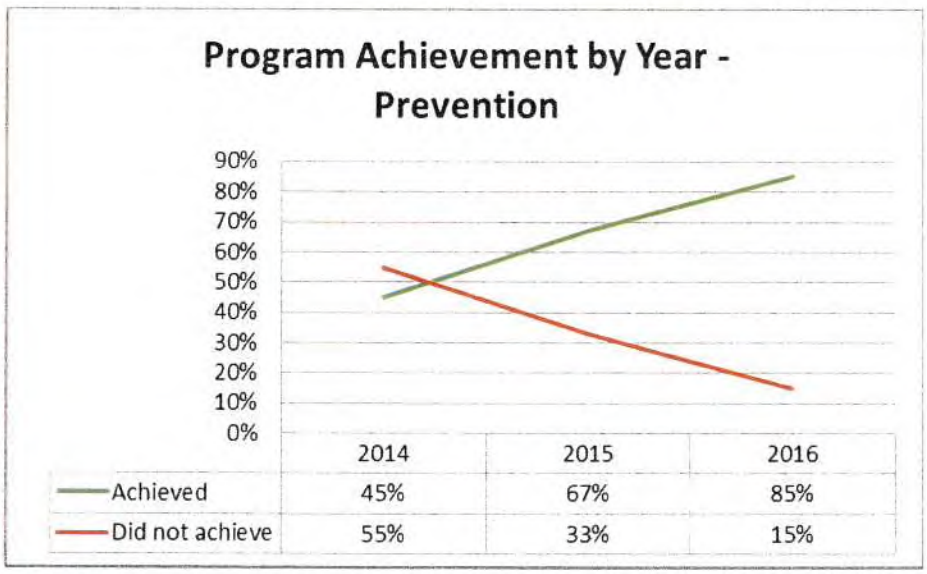
Outcome: 75-85% of youth in school-based prevention programming will gain knowledge.[3]

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:**
Number of youth served	*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:

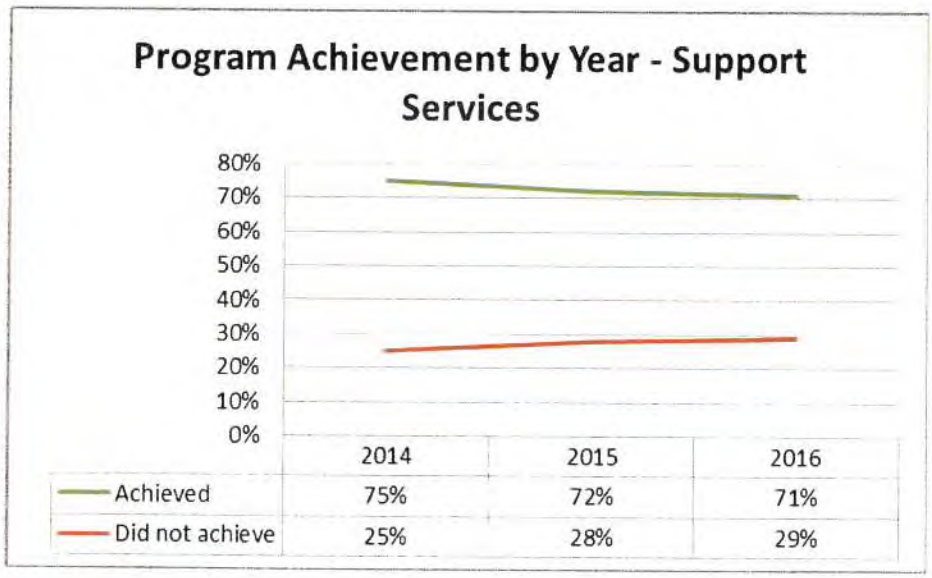
[3] Outcomes are selected per program by providers based on curricula used.

- **Big Brothers/Big Sisters – Mentoring Triad:** MHRSB 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
Achieved	75%	72%	71%
Did not achieve	25%	28%	29%

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

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)
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**	***Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.***
Harbor	Mental Health Outpatient Services	1,590	1,681	Yes	More clients are Medicaid-eligible, so fewer clients needed to be served using MHRSB 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**	***Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.***
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**	***Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.***
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**	***Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.***

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	Engagement Services	325	N/A	**N/A**	***Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.***
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 MHRSB 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**	***Evaluation results will be presented by Great Lakes Marketing in an upcoming meeting.***

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

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)
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	MHRSB 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.

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)
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

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)
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].

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)
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 MHRSB.

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)
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 MHRSB 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.

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)
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.
/ernert 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.