



TRANSITIONAL SERVICES, INC.

www.transitionalservices.org

ANNUAL MANAGEMENT REPORT

FISCAL YEAR JULY 1, 2012 TO JUNE 30, 2013

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Larger print copies are available upon request

History of Transitional Services, Inc. (TSI)

In 1963, the United Mental Health Services conducted a study revealing a critical need for housing and supports for individuals with mental disabilities leaving state facilities. Out of this study, TSI emerged as a one of its kind demonstration project. In June 1966, in cooperation with the United Mental Health Services and Mayview State Hospital, TSI began to assist these individuals to transition into the community.

Initially funded through grants from organizations including the Maurice Falk Medical Fund and the Richard King Mellon Charitable Trust, TSI soon became incorporated as a non-profit organization. On April 7, 1969, grant funding was replaced with funding from the Offices of Mental Health and Mental Retardation, and additional funding followed in the 1980s from Housing and Urban Development (HUD).

While TSI initially began to serve individuals with mental health diagnoses, it quickly branched out to include meeting the needs of individuals with mental retardation. Proudly, TSI became nationally recognized as one of the first programs of its kind to serve an entire metropolitan area. Through the years, TSI has continued to evolve and intensify in its commitment to provide mental health and mental retardation services. In an effort to continue quality services and address an ever changing environment, TSI has established a Long Range Strategic Plan to promote its continued growth and development.

Mission Statement

To help people with mental disabilities discover and achieve their hopes and dreams for a meaningful life in the community.

Vision Statement

Transforming communities through the contributions of the people we serve.

Core Values

INTEGRITY: Doing the right thing, at the right time for the right reason

TEAMWORK: Focusing on the goal over the role

COMMUNICATION: Interaction that fuels action and promotes growth

CUSTOMER SERVICE: Whatever it takes

Guiding Principles

Never Forget Why We Do What We Do

Be Willing to Take Risks

Admit Mistakes and Grow from Them

Enhance Teamwork Through Clear, Open, and Honest Communication

Be Servant-hearted in Attitude and Actions

Constantly Seek to Promote People's Rights

Honor, Value, and Respect Others

Lead by Example

Discover What Is Important to Our Customers

Keep All Promises

Transitional Services Inc.
July 2013 Management Report
Summary Report
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Executive Summary

During the 2012/13 fiscal year, Transitional Services, Inc. continued to grow and persevere in the face of adversity. Cuts in external resources and budget cuts affected the agency staff and the individuals served. TSI rose to the challenge by advocating for change and finding alternate resources. Staff continued to work hard and be flexible as the demands of the environment and the new service user population became more complex. As a result, individuals served were more successful and satisfied overall.

Many internal and external issues emerged throughout the year with both the state and federal government causing TSI to become involved in advocating for change. On the state level, there was external advocacy for General Assistance to be re-instated after it was stopped in August 2012. Many of the individuals receiving services were affected by this and the CEO encouraged staff to advocate for re-instatement. Externally, the state continued to lower the rate of reimbursement for Intellectual Disability (ID) services. The CEO met with the state senate, Department of Public Welfare (DPW) and Office of Developmental Programs (ODP) to advocate for rates to be raised which would help the Intellectual Disabilities Supportive Living program to continue services. Federally, the sequestration occurred, sparking advocacy for the Housing and Urban Development (HUD) programs to help keep the agency from seeing any future losses.

In January 2013, the agency completed the formal legal process of reorganizing. TSI seeks to grow and to be strengthened by reorganizing and beginning to provide new products and services. The new structure of the organization consists of: the parent company, Life Transitions Plus; the Service Corporation, Transitional Services, Inc.; a foundation, The Alberts Foundation; and a for-profit corporation, TriVida. The agency is currently working with a consultant to define a strategy for a new revenue generation concept.

CARF Accreditation

A CARF survey occurred in October 2012 which resulted in TSI being awarded a sixth consecutive three year accreditation. No major issues were identified and the agency received only six recommendations. These recommendations involved the Code of Ethics, implementation of a risk reduction performance indicator, and a redesign of the

current intake interview forms. A Quality Improvement Plan was created and implementation is underway.

Program Updates

The Staunton Farm Grant concluded in September 2012 and a summary of the results was submitted for review. The grant helped TSI to improve the effectiveness of the organization and promote the use of the Psychiatric Rehabilitation Approach (PRA). It provided the tools for staff to work with people in a more collaborative way and to help them become more confident and hopeful in choosing and achieving their goals. Staff will continue to receive training refreshers as needed on PRA tools and usage. Appraisals for program staff now list goals pertaining to PRA and the annual program review reports for Psychiatric Disabilities (PD) programs have begun to use PRA audits as the service planning evaluation tool.

Physical and mental wellness has been a continued part of the programs' focus. A variety of groups focusing on mental health were provided to individuals on self-defense, art, loneliness and recovery. Groups focusing on physical wellness were offered on topics such as healthy cooking and exercise. Wellness calendars are distributed to all persons served covering topics including stress reduction, exercise and healthy eating.

The Advisory Board continued to play a vital role in shaping the programs at the agency. During the 2012/13 fiscal year the board reviewed the staff training survey and gave feedback in an attempt to increase effectiveness. They also viewed and gave feedback on the Community Residential Rehabilitation (CRR) video tour from the perspective of service users, helping to make the process more user-friendly. During the CARF visit, the Advisory Board took part in the survey by speaking with the surveyors about the agency.

During the 2012/13 fiscal year, a new curriculum was initiated by the Community Support Program. The Certified Peer Specialists facilitated four modules that focus on recovery and rehabilitation. The curriculum consists of four modules on a rotation. Each module spans four weeks and encompasses four different topics. Examples of the topics are: "What is recovery and is it possible?", "What is my role in recovery?", and "Knowing my options and myself". Modules have been completed at all of the PD residential sites. Surveys were given to the participants at the close of each module and the cumulative results exceeded the target at fiscal year end. There is a plan to begin training Permanent Supportive Housing (PSH) and Community Supported Living (SL) staff, for them to facilitate the different modules to individuals living in the community.

A project to scan all inactive charts in PD SL and inactive charts for people who receive base funding in the Intellectual Disabilities (ID) programs was initiated by the Quality Department at the end of the 2012/13 fiscal year. The project will assist the programs

in making available needed storage at the buildings and will be the first stage in the agency's plan to become paperless within the next few years. As a continuation of the exit chart scanning project, the remainder of the exit charts will also be scanned and placed on a disc.

During the 2012/13 fiscal year, many improvements in technology occurred, improving the operations at TSI. In October 2012 the website was re-designed to simplify navigation. Also in October, there was a significant improvement in disaster recovery functionality through the implementation of an off-site data back-up process and a move to cloud-based recovery solutions. The agency established a social media presence in March 2013 with the launch of a Facebook page allowing TSI to reach more people with stories, events and ultimately its mission. In May 2013 TSI began development of a new brand platform for the newly established parent company Life Transitions Plus.

The agency continued to have a presence in the community, taking part in the Annual Homestead Holiday Parade and the Highmark Walk for a Healthy Community. This was the second year that TSI participated in the Highmark Walk. It was a successful fundraiser achieving over \$8,000 through the generous support of stakeholders.

The leaders at TSI were also involved in many external committees which include the, Conference of Allegheny Providers, The Provider Alliance, Greater Pittsburgh Non Profit Partnership legislative and policy subcommittees, Western PA Behavioral Health Stakeholders, and the Health Committee for People with disabilities.

Long Range Strategic Plan (LRSP)

The start of the 2012/13 fiscal year presented the beginning of the new three year LRSP. The plan was formulated using a new approach that consisted of collectively identifying areas of need instead of working in separate teams. The management team used the retreat to determine the areas which need the most improvement going forward. These areas came directly from the findings of the environmental scan completed at the retreat. The areas were further narrowed by the senior management team.

The LRSP identifies three areas which are essential to the growth and development of the organization. The Board of Directors reviewed and approved the plan in July 2012. This plan will continue through FY 2014/15. The complete version of the LRSP is available upon request.

- I. Fiscal Health "Solvency" - Transitional Services, Inc. will have implemented a targeted plan to strengthen the financial position.**

A. Improve cash position

- IDSL costs have been reduced and grant dollars temporarily offset losses.
- Strategies are being vetted with the county to reduce MHSL surplus. A bridge subsidy housing project for the homeless has been submitted.

B. Reduce expenses and improve energy efficiency

- Two of four vacancies have been filled at Callowhill.

C. Increased unrestricted revenue through funding diversification

- Increased units of service delivered in IDSL .
- TSI has been offered an opportunity to provide more peer specialist services.

D. Establish the Alberts' Foundation

- Job description created for Board Member position and Foundation VP.
- New Brand designed for Life Transitions Plus and subsidiaries through FSC Digital.

II. Transparency – Transitional Services, Inc. will use technology and improved communication processes to share performance information about organizational goals with all stakeholders, promote the value of services and improve access for persons served.

A. Implement an inclusive agency-wide quality system

- All departments established measurable performance indicators that were approved by the Board September 2012.
- A refinement of the inspection monitoring process incorporating Health & Safety, Licensing and HUD into one evaluation completed in December 2012.

B. Increase the use of data based evaluations to refine management processes and improve performance results.

- Staff have improved fiscal competencies.
- Vehicle repairs and fuel expenses have been reduced respectively (25%) and (3%).

C. Determine and implement the most effective communication methods and processes to share information internally and externally

- During the month of June through the end of December, all the PD program records were scanned and saved to discs.

- The new phone system project will be completed by September.
- TSI launched a Facebook page in March 2013.

III. Transitional Services, Inc. will have built a diversified stakeholder base to address workforce needs and offer increased opportunities to expand array of services

A. Establish a stable workforce through the use of innovative staffing solutions and advertising

- Vacant positions have been filled by temporary staff or reviewed to determine if the position is needed to meet individuals' needs.

B. Explore the use of incentives to attract new hires and maintain existing staff

- Incentive approaches were discussed with the County PAP representative. The feedback given was that such programs would not be approved given the PAP guidelines.

C. Evaluate rewards, recognition and other benefits offered to improve the employee experience and aid in retention

- This is a year two or three strategy and will be focused on at a later date.

D. Identify 2 specific organizations to partner with to benefit stakeholders

- TSI has initiated potential alliance talks with OOH. In November, CEO asked the management team for ideas about potential partners.
- TSI has met with the City Housing Authority to explore housing for veterans.

Program Updates and Information

Improvements to the admission process for Psychiatric Disability Supported Living (PDSL) occurred during the 2012/13 fiscal year which helped people to receive services more quickly. There was also growth in the Behavior Support Program which assists people in the Intellectual Disability programs with behavior issues that may disrupt services.

- ❖ **Group Homes:** Group Homes provide a family-like environment with private bedrooms, shared living spaces, and group meals. Through a caring and stable environment, individuals can learn daily living skills and receive support through 24 hour staffing.
- ❖ **Supervised Apartments:** Supervised Apartments provide settings that offer more independence and privacy combined with the support of 24 hour staff availability. In the psychiatric disabilities programs, most individuals have their own apartments, while others have roommates. All apartments in the programs for people with intellectual disabilities are shared.
- ❖ **Congregate Supported Living:** Congregate Supported Living offers individual apartments within a HUD subsidized building. While staff availability varies by site, staff is on site for some portion of the day seven days per week in each of the buildings to provide support to persons as wanted and needed. For those wishing to have a roommate, TSI has a few two bedroom apartments available.
- ❖ **Community Supported Living:** Community Supported Living Programs help individuals find housing in the community of their choice and provide assistance in developing the supports and skills needed to function in chosen roles within the home and community.
- ❖ **Clinical Consultation and Education:** Clinical Consultation and Education services are provided in conjunction with TSI's residential programs and offer education, training and support to staff and individuals on a variety of clinical and recovery-oriented issues.
- ❖ **Community Supports Program:** Through Peer Specialists, the Community Supports Program works in conjunction with TSI's residential programs to provide education and activities that promote wellness and recovery. The program also provides life enrichment experiences and activities in the areas of expressive arts and community recreation.

- ❖ **Behavior Support:** Provided to individuals with intellectual disabilities or families in need of additional support who are served by any residential or community provider. Services offered can address a range of challenging behaviors and are individualized, collaborative, flexible and holistic.
- ❖ **Permanent Supportive Housing (PSH) Program:** The PSH Program is part of Allegheny County's "Housing as Home" strategic plan. The program helps eligible individuals with psychiatric disabilities to secure housing and maintain tenancy. The PSH Program provides a housing subsidy and connects individuals to needed financial, advocacy and legal resources. The program provides support and education to service user, providers, and landlords on housing related matters.
- ❖ **Fairweather Lodge:** The Fairweather Lodge provides a living arrangement for individuals further along in their recovery seeking to live independently and become active members of the community. Individuals living in the home are employed in the community. Staff does not reside in the house but is available to provide support as needed or wanted.

TSI provides residential and community services to an array of areas throughout the city of Pittsburgh and Allegheny County. Some of these areas include McKees Rocks, Oakland, Shadyside, McKeesport, Moon Twp., Highland Park, Carrick, Brentwood, and many others.

Admissions

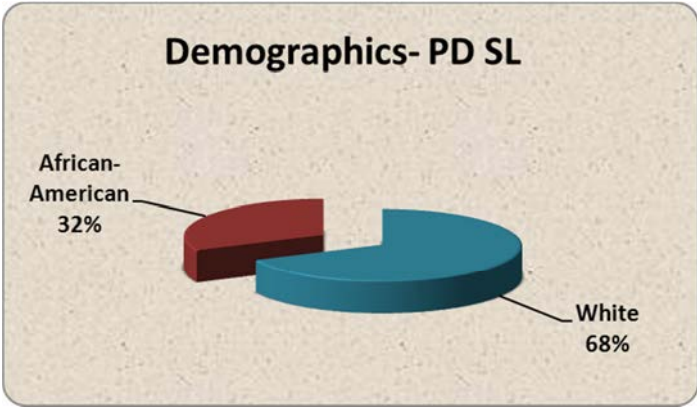
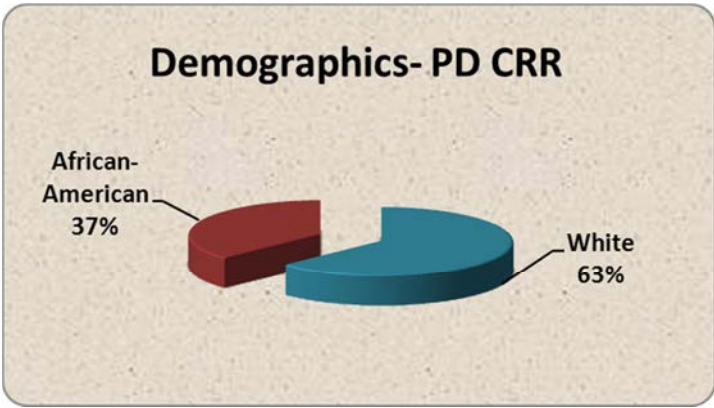
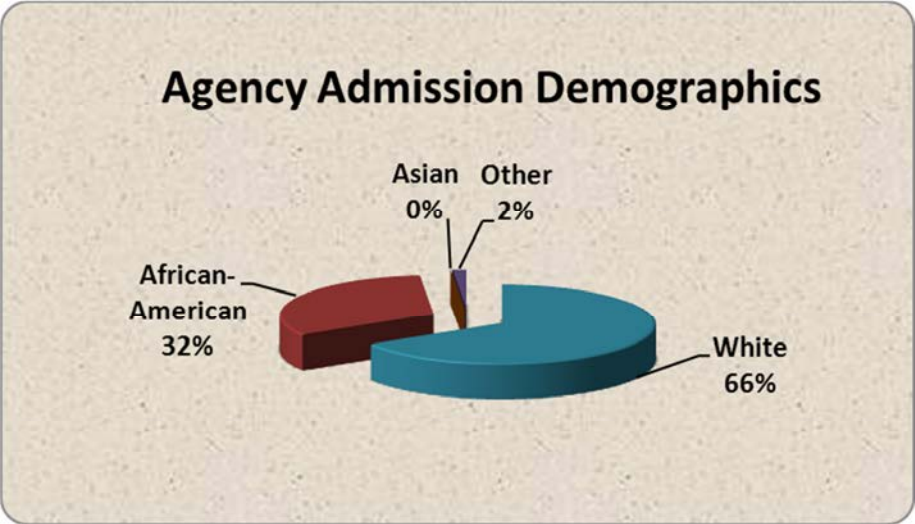
A total of 75 individuals were admitted to TSI during the 2012/13 fiscal year. This is one more admission than the previous year. Eighty-eight percent of the admissions were to Psychiatric Disabilities (PD) programs. Additionally, one person was admitted to Intellectual Disabilities (ID) Supported Living, one person was admitted to the Fairweather Lodge, two people were admitted to the ID Community Homes, and (5) people were admitted to the ID Behavior Supports program.

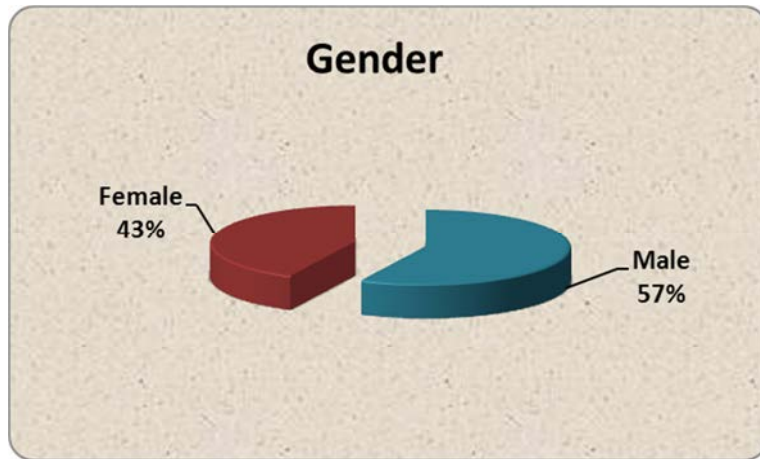
Program	CRR PD	SL PD	CH ID	SL ID	FWL	BS
# of Admissions	35	31	2	1	1	5
Average Age	39	40	27	44	36	39

Occupancy for Community Residential Rehabilitation (CRR) during the 2012/13 fiscal year was (87) percent which is a (1) percent decrease from the previous year. PD Supported Living (PDSL) also saw a decrease in occupancy of (4) percent in comparison to the 2011/12 fiscal year. In an effort to market the programs, TSI has created a video giving interested individuals a tour of the CRR programs to assist with their decision.

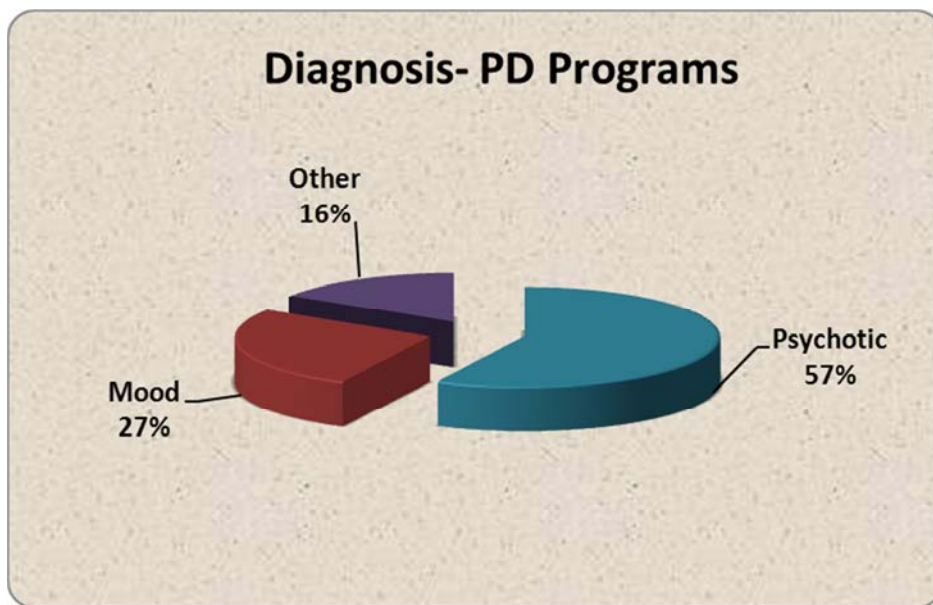
The Program Team continues to work on improving the admission process by ensuring that admissions are expedited. The Clinical Department is tracking the time from the date of first contact to the date of admission for individuals coming into PDSL. This helps to ensure that people are being admitted and seen within a (7) day period. All of these improvements help to boost occupancy as well as productivity for staff.

Five new people were admitted to the Behavior Support Program during the 2012/13 fiscal year. A total of ten people are currently in the program, half of which are residing in TSI ID programs. Supports Coordinators refer people who have had a behavioral issue and once the person is admitted, the Clinical Associate becomes a part of the interdisciplinary team. A plan is then created for the individual and the Clinical Associate works with that person and the team on the plan, giving recommendations as needed. The program has grown to serve ten people since it began last fiscal year.





Diagnoses categorized as "Other" are Mild Mental Retardation, Dysthymic Disorder, and Generalized Anxiety. The category of "Other" has increased by (11) percent and the category of Mood Disorders has decreased by (13) percent compared to the 2011/12 fiscal year.



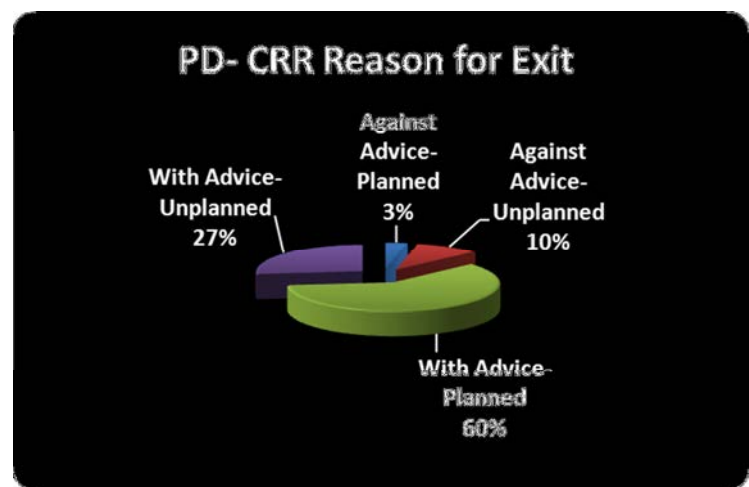
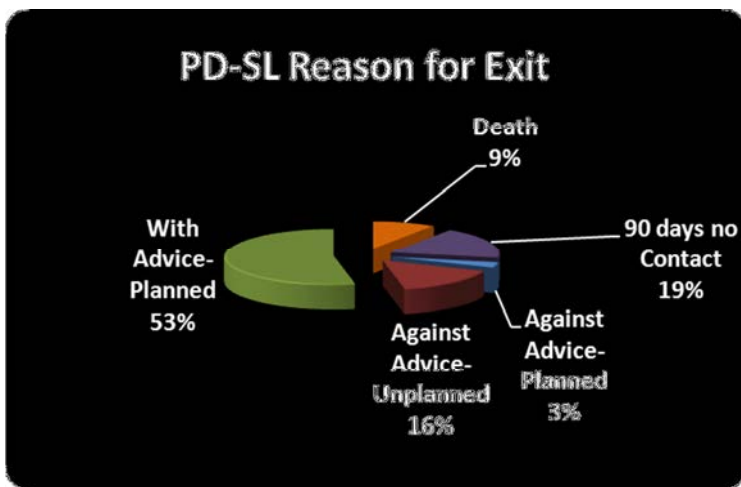
Referrals continued to come directly from the county for PD programs, as they have for the last five years. Although the placement of these individuals is sometimes challenging, the staff have worked hard to provide quality services to the individuals.

Within the past five years, no referrals that were deemed appropriate have been denied admission to TSI.

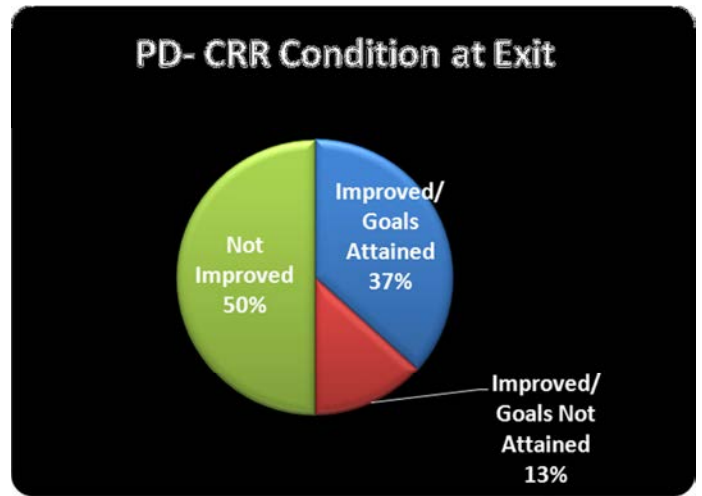
Exits from Services

During the 2012/13 fiscal year, there were (74) exits from programs. This is 14 more than the previous year. PDSL had the same number of exits but PD CRR had (11) more exits than in FY 2011/12. As seen in the charts below, over half of the individuals leaving both CRR and PDSL had a planned exit. This is a (7) percent increase for CRR and an (8) percent increase for SL.

Another significant change is the decrease in individuals exiting PDSL due to “90 days with no contact.” In FY 2011/12, (13) individuals or thirty-four percent of the individuals exiting PDSL did so because of “90 days with no contact” and only nineteen percent or (6) individuals exited due to this reason in FY 2012/13. This is a desired result from the Access outcome which was established to ensure individuals admitted to PDSL will begin receiving services within a minimum of (7) business days from referral date.



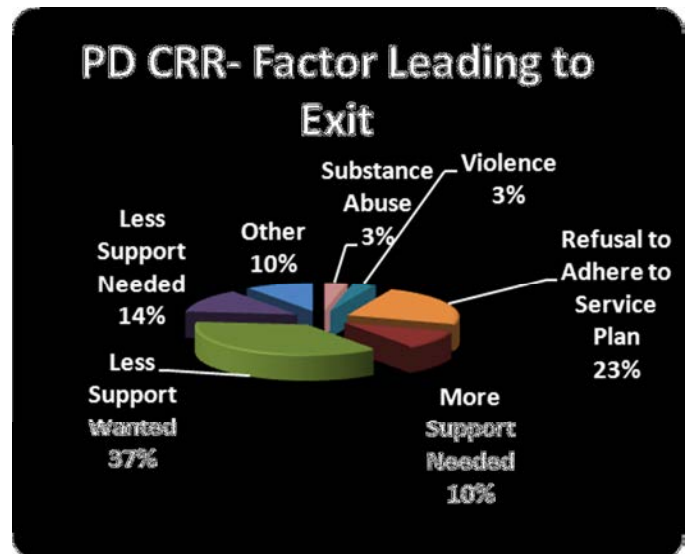
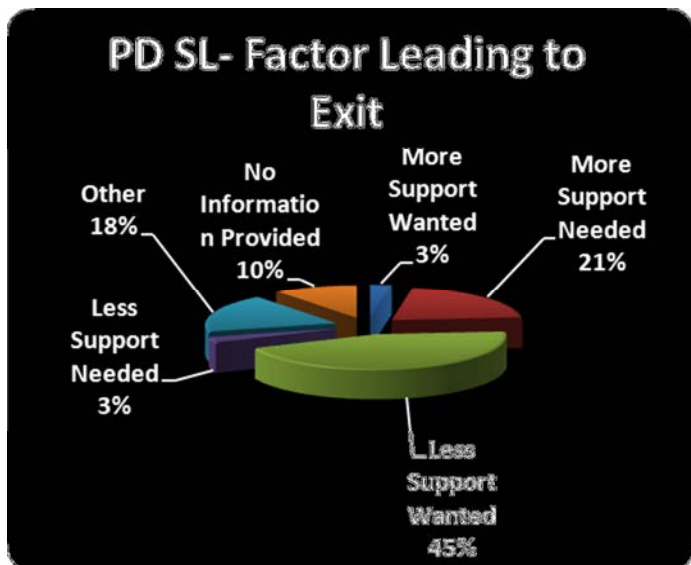
Fifty percent or (16) of the individuals exiting PDSL during the 2012/13 fiscal year improved in their condition. This is an improvement as compared to the (32) percent or eleven of the individuals whose condition improved at the time of exit in FY 2011/12. Individuals exiting CRR during the 2012/13 fiscal year who improved and attained their goals increased by (11) percent or five people compared with the previous fiscal year. Improvement in condition is based on where the individuals go when they exit the program. Individuals are considered to have improved and attained their goal if they are “graduating” from the program. If an individual decides not to continue services and is still doing well, then their condition is considered to be improved but the goal was not attained. If an individual does not attain their goal and they are exiting to a program with a higher level of care their condition is considered not to be improved.

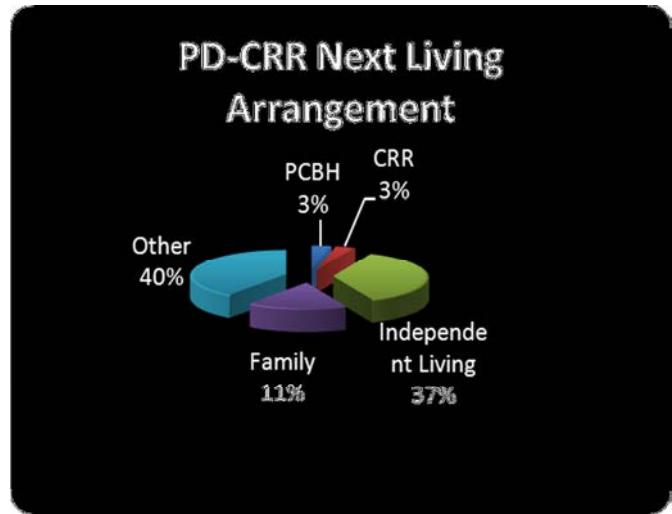
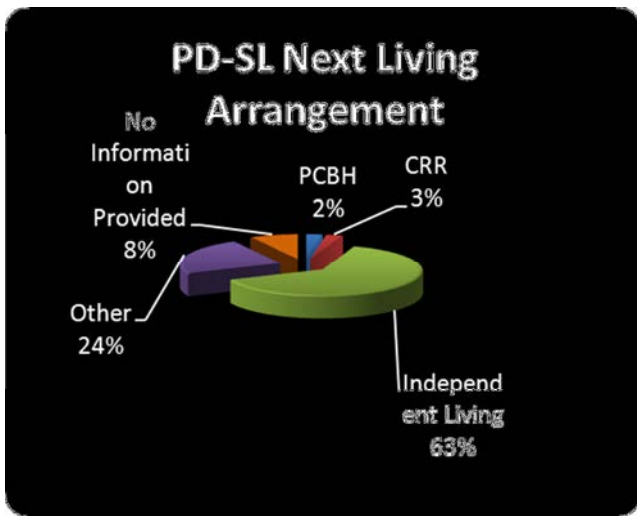


As seen from the table below, the majority of people exited due to wanting less support. Although people want less support, the table above shows that people are in need of support since half of the people exiting did not show improvement in their condition.

An increase in the factor of “refusal to adhere to service plan” leading to individuals exiting from services occurred from (16) percent in FY 2011/12 to (23) percent in FY 2012/13. One person exited because of substance abuse and one person exited due to violent behavior. No one exited the CRR for these reasons during the previous fiscal year. The category of “Other” includes reasons such as safety issues, probation violation, no contact and relocation.

The majority of individuals exiting PDSL live independently, presenting an (8) percent increase from the previous fiscal year. The majority of individuals exiting CRR had living arrangements under the category of “Other,” which included; incarceration, psychiatric hospitalization, living with a friend or death. Twenty percent of individuals in the category of “Other” went to jail or a psychiatric hospital. This statistic combined with the increasing violent behavior, refusal to adhere to the service plan and an increase in substance use show that the population in the PD residential programs is becoming more complex and difficult to serve. Staff continues to work with these individuals to help them achieve success regardless of the factors involved.





Overall, the length of stay (LOS) of people in the programs has increased slightly. The average age of individuals who have exited remains the same as in previous years. There was also an increase in the number of individuals exiting IDSL and the Fairweather Lodge.

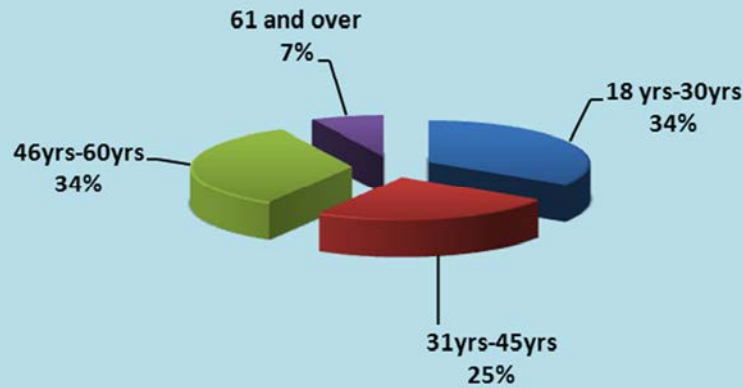
Program	CRR PD		SL PD		CH ID		SL ID		FWL	
	FY 11/12	FY 12/13	FY 11/12	FY 12/13	FY 11/12	FY 12/13	FY 11/12	FY 12/13	FY 11/12	FY 12/13
# of Exits	19	30	38	38	3	2	0	3	n/a	1
Average Age	37	37	43	45	59	66	n/a	58	n/a	27
Average Length of Stay (years)	1	1.2	1.3	1.8	1.1	7.6	n/a	6.9	n/a	0.3

Individuals exiting programs receive a follow-up call six months after they exit. If no phone contact is obtained, a survey is mailed to their last known address. One survey was received out of sixteen surveys that were sent. Six months had passed for forty-two of the (74) people who exited during the fiscal year. Three of the (16) letters sent were returned by the post office and not received by the individual. Of the remaining twenty-six who did not receive letters, four were deceased, two were incarcerated, and twenty did not leave a forwarding address. The person who responded was satisfied with the services provided and would recommend TSI to others in need of service. The process will be reviewed and improvements will be made to help increase the rate of return in the next fiscal year.

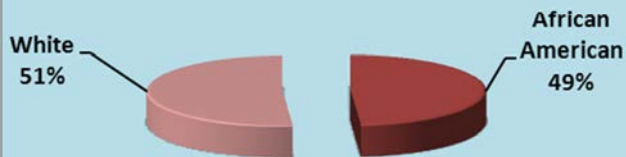
Permanent Supportive Housing (PSH)

The PSH program admitted forty-one individuals during the 2012/13 fiscal year. This is one less than the previous fiscal year. Currently PSH serves 120 people in the community. A slight shift in age of individuals being admitted occurred this year as shown by a (10) percent increase in 46-60 year olds and a (9) percent decrease in 18-30 year olds as compared with last fiscal year. The other two age groups stayed relatively the same. A shift in ethnicity also occurred and the number of African Americans being admitted rose (12) percent from last year.

Age Demographics



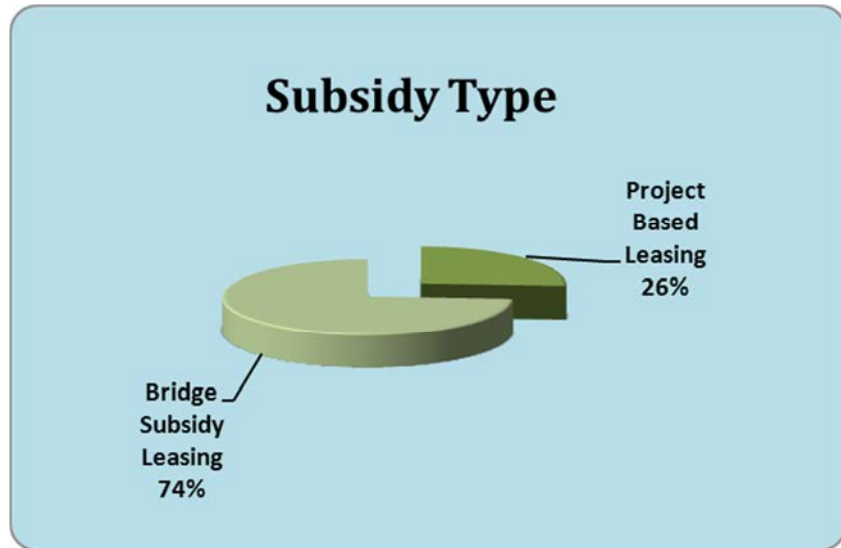
Ethnicity



Gender



Seventy-three people received a subsidy from TSI. The other forty-seven individuals are either not yet in housing, or receive a subsidy from a development fund, Section 8 or HUD. Below is a chart that shows the two types of subsidies; Bridge Subsidy (BSP) and Project Based Leasing (PBL). Individuals receiving a Bridge Subsidy have no issues with a criminal or credit history. They are able to execute a lease with the landlord and they are eligible for Section 8 or HUD. Individuals who are subsidized through PBL execute a lease with TSI, instead of the landlord, because an extensive criminal and/or credit history limits eligibility for Section 8 or HUD. The PBL program enables them to improve their credit and rehabilitate so that they can qualify for Section 8. Once an individual begins receiving Section 8 or HUD they can choose to exit or continue working with PSH staff.



Applications were accepted during the 2012/13 fiscal year for BSP and for various development buildings, but not for PBL. Nearly half of the individuals admitted to PSH were deemed PBL due to criminal/credit histories. Five people were placed on the waiting list before it closed and twelve were discharged. This shows that like the PD programs, the individuals admitted to PSH are more complex, which makes finding housing far more difficult.

People exiting PSH did so for reasons such as the closure of the PBL waiting list, moving out of the county, moving in with friends and family, or death. The program has achieved a (99) percent success rate with assisting individuals to maintain housing.

People exiting PSH were contacted after 6 months to complete a post exit survey. When phone contact was not accomplished, a follow-up survey was mailed. Six months had passed for ten people who exited services. Six surveys were sent and one was returned. The person reported being satisfied with the services received. Four surveys were not sent due to a lack of forwarding information. The twelve people exiting services because the PBL waiting list was closed will not receive a call or survey since they exited before receiving any services.

The Quality Department will review the process so improvements can be made to increase the rate of return.

Quality Assurance and Improvement

Program and Service Planning Evaluation

The Program Review Team (PRT) reviewed all of the agency's programs:

Psychiatric Disabilities Programs

- (4) Community Residential Rehabilitation
- (3) Congregate and Community Supported Living

Intellectual Disabilities Programs

- (2) Community Homes
- (2) Congregate Supportive Living
- (1) Supported Living

PSH

- (2) teams

The program review process for the PD programs was adapted during the fiscal year to include Psychiatric Rehabilitation Approach (PRA) data. This approach has become a main focus of documentation and service planning in the PD programs. Audits completed by the PRA committee replaced the service plans reviews completed in previous years. Audits are completed quarterly for each PD program.

PRT completed service plan reviews for the ID programs and conducted Quality of Life interviews for individuals in the ID program. Staff completed satisfaction surveys online, eliciting opinions on their team and the agency as a whole.

Sixty-four percent of staff completed the staff satisfaction survey during the 2012/13 fiscal year. This is a (4) percent increase from last fiscal year. Supervisors have encouraged their team members to participate in the survey to help improve the culture and relationships in the programs and in the agency as a whole. Participation on agency teams and committees has decreased from (53) percent in 2011/12 to (47) percent in 2012/13. This could be due to coverage issues at some sites, which does not always support staff in attending meetings of the teams and committees. During the program review presentations, staff are encouraged to join committees to be able to have input in what occurs at the agency and to help the agency continue to improve and grow.

Overall, staff satisfaction has improved during the 2012/13 fiscal year. Below is a table showing the comparison between FY 11/12 and FY 12/13.

Questions	Team		Agency	
	FY 11/12	FY12/13	FY11/12	FY12/13
1. My efforts and contributions are recognized and appreciated.	100%	97%	86%	94%
2. Important agency information and issues are clearly communicated in a timely manner	93%	95%	94%	94%
3. Staff work together to ensure quality care and the success of the persons served	95%	97%	100%	97%
4. Policies, procedures and ethical guidelines are followed in a consistent manner.	95%	97%	92%	100%
5. Misunderstandings and problems that may have occurred were in handled in a direct and private manner.	90%	94%	87%	94%
6. I receive timely, good customer service from employees.	100%	95%	89%	89%
7. I am aware of the specific objectives and areas of improvement for my team. (team and/or LRSP goals)	95%	97%	90%	97%
8. I have a good understanding of my role and how I personally contribute to the success of my team and the agency overall.	100%	97%	100%	97%
9. My identified concerns or needs are responded to by leadership.	92%	94%	93%	94%
10. I am able to use the Psychiatric Rehabilitation and/or Self-Determination training and tools to better work with individuals served.	95%	100%	90%	97%

During the 2012/13 fiscal year, a random sample of (32) percent of ID charts was reviewed by PRT. Community Integration Plans (CIPS), contact notes, annual reviews and assessments were reviewed to determine if documentation was complete, timely and thorough. The four ID programs were (96) percent compliant with CIPS plans, (89) percent compliant with contact notes, (91) percent compliant with assessments, and (96) percent compliant with annual reviews. Two ID programs were (100) percent compliant in all areas. Plans for improvement in areas not (100) percent compliant will be completed by the programs and returned to the quality department. These areas will be reviewed during the 2013/14 fiscal year.

PRA audits are completed quarterly by the members of the PRA Committee. Each chart is reviewed for the "Golden Thread." There are (4) Golden Thread components: PRA goal is consistent with the Readiness Assessment or strategy sheet, PRA tools are consistent with the PRA goal, CIPS steps are consistent with the PRA tools, Contact Notes are consistent with the CIPS steps. A chart must have all four components in order to achieve the "Golden Thread." The overall "Golden Thread" score for the PD programs for the year was (32) percent. At this time all programs are expected to have an overall score of (50) percent and to be working toward an overall score of (100). Many factors contribute to the "Golden Thread" score such as paperwork not present in charts at the time of the audit, staff being on vacation, individuals not being cooperative with completing PRA worksheets, changes in staff or supervisor, etc. Staff and supervisors continue to work to improve PRA tool use and the PRA committee continues to work on the consistency of the audit process.

Stakeholder Satisfaction

Satisfaction results were obtained from persons served and family members during the 2012/13 fiscal year. It was decided that satisfaction surveys would not be sent to service providers this fiscal year due to the minimal response in past years.

"I am completely satisfied. She has come a long way with your guidance. I thank the Lord every day for you."

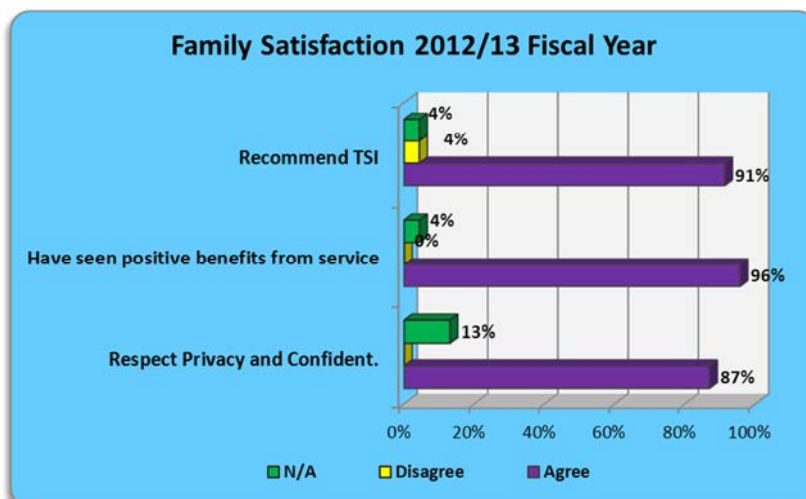
– Jane

A significant increase in participation occurred for the family satisfaction survey. During the 2012/13 fiscal year, (37) percent of surveys were returned as compared with the (19) percent that were returned in the 2011/12 fiscal year and the (33) percent in the 2010/2011 fiscal year.

No changes were made to the process in which surveys are distributed. Ninety-one percent of family members report that they would recommend TSI as compared with (88) percent last fiscal year. Families appear to be more satisfied overall this year with the services their family members have been receiving. Families report that TSI is dedicated and is strong in providing support and social interaction.

"Everyone has been as helpful and understanding as can be. They are wonderful. They could not be following the guidelines of what this program is meant to do any better than they are. The supervisor of my son's residence is the best. I think mental health issues are so neglected and you guys are doing a great job."

–Sally

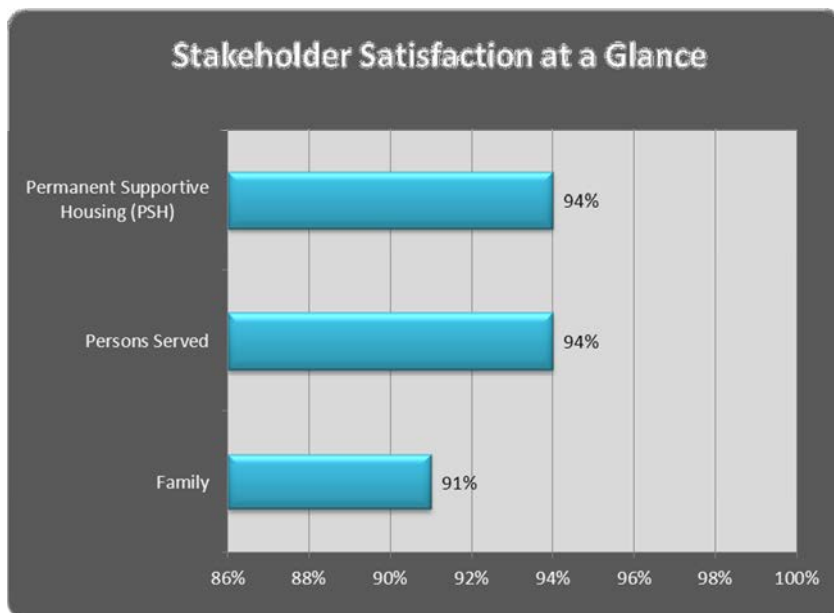


Satisfaction surveys were given to people in the PD residential programs during the monthly house meeting and individuals in the ID residential programs were surveyed in person by PRT members. Staff hand delivered and collected surveys for the individuals living in the PD Supported Living programs during the 2012/13 fiscal year instead of the surveys being mailed as in previous years. This appeared to have increased participation from (36) percent last fiscal year to (50) percent this fiscal year. This process will be continued next fiscal year. Overall, persons served are (94) percent satisfied with services, which is very similar to the result from last year.

"Staff had good input and excellent suggestions. She had my best interests in mind. My stubbornness kept me from progressing..."
– Tom

Participation in the PSH program has also increased to (25) percent from thirteen percent last fiscal year. PSH staff also hand delivered and collected the surveys instead of being mailed to the individuals. Individuals in the PSH program are (94) percent satisfied which is a (7) percent increase as compared with the 2011/12 fiscal year.

"I am thankful the program was able to reach out to other people who were less fortunate who had no other way to keep going without the worry of what's to come."
– Mary



Regulatory Inspections and Monitoring

All licensed programs were successfully relicensed by the Bureau of Human Services Licensing (BHSL). This was the first year that the BHSL conducted the inspection for the PD programs. Both PD and ID met all regulations with no issues. All programs that were inspected received licenses for another year.

The Quality Analysis Team (QAT) continued to monitor the quality of various operations of the agency such as medication regulations, policy and procedure updates, record management, preparation for inspections, incident management, board community involvement, and training and development.

Sixty-six total incidents occurred in the PD programs during the 2012/13 fiscal year compared to (47) total incidents in the previous year. Sixteen of the incidents were involving one person who was frequently admitted to the hospital. The CRR the individual resided at accounted for (42) percent of the incidents for the year. The issue of repeat hospital visits was reviewed and addressed. The incidents were not a result of issues with staff support or involvement. The individual has since moved out of the CRR to receive a more intensive level of services. There were three allegations of abuse made during the 2012/13 fiscal year. This is two more than the previous fiscal year. The allegations were all investigated and each was determined to be inconclusive.

Eighteen total incidents occurred in the ID programs during the 2012/13 fiscal year compared to (27) in the previous year. During the previous year, there were five incidents involving fire safety which were addressed and as a result, there were no fire safety incidents during the 2012/13 fiscal year. During the 2012/13 fiscal year, emergency room visits accounted for (50) percent of the incidents. One person accounted for (4) of the incidents that occurred during the year. The individual has since moved to a personal care home due to a need for more care.

All finalized incidents were reviewed by QAT and were determined to be handled well by staff. QAT also ensured that the individuals' health, safety and quality of life were addressed after each incident. Incidents will continue to be monitored and review by QAT for trends and suggestions for needed improvements.

Program Performance Indicators and Outcomes

The agency monitors satisfaction, efficiency, effectiveness and access in order to evaluate the quality of program operations. Some changes occurred in the outcomes being monitored during the 2012/13 fiscal year. Outcomes such as Medication Accuracy, Psychiatric Hospitalizations, Quality of Life, Service Provider Satisfaction, Personal Medicine, Power Statements, and Community Safety were discontinued. Three new program outcomes were added; Access, Occupancy, and Productivity. The

changes in program outcomes occurred after outcomes were reviewed for continued relevance. It was agreed that the new outcomes were important to be monitored for the quality and success of the agency programs. The agency also began monitoring and publishing outcomes for various departments. Please contact the Quality Department for a more comprehensive explanation of program and departmental outcomes.

Satisfaction

Ensuring that all stakeholders are satisfied with the services provided is important to the agency and it is expected that (9) out of ten stakeholders are satisfied and would recommend the services to others. During the 2012/13 fiscal year Ninety-one percent of families were satisfied with the services being provided to their family members and ninety-four percent of persons served and individuals in PSH were satisfied with their services. All results were shared with the agency and with stakeholders.

Efficiency

Stable staffing is an important factor to quality services and trusting relationships for the individuals. Staff retention is monitored to ensure efficiency. During the 2012/13 fiscal year, the outcome was monitored for PD and ID programs. The goal is that (85) percent of staff will be retained. The staff retention rate for each program was PDSL (83) percent, CRR (90) percent, ID Community Homes (90) percent, IDSL (93) percent, and PSH (78) percent. An outcome which monitors whether staff positions were filled was also added during the 2012/13 fiscal year as the HR department outcome and the final result was (85) percent for all programs combined; the goal is (95) percent. A 'vacancy' is identified only if the requisition for an open position has been received by human resources so there may be some lag between an employee departure and the actual determination. Both of these goals will be reviewed so needed improvements can be made.

Occupancy is monitored to ensure the residential programs are at least (95) percent filled so programs operate at full capacity. Occupancy for CRR programs was at (87) percent at the end of the 2012/13 fiscal year. This will continue to be monitored and improved upon.

Productivity was monitored during the 2012/13 fiscal year for the PD SL program to ensure that staff are spending (85) percent of their day providing direct service to individuals in the community. The final result for this outcome for the 2012/13 fiscal year was (81) percent due to a newer staff who has not reached a full caseload to date. This outcome will be reviewed and monitored during the next fiscal year.

Effectiveness

Effectiveness is measured to ensure the services provided are benefitting persons served. For this reason, the agency monitors empowerment, recovery confidence, and

the rate of eviction for persons living in the community and working with the PSH program.

The Empowerment survey was changed during the 2012/13 fiscal year. The new survey consists of four questions, two of which focus on the knowledge and completion of a Mental Health Advance Directive. Advanced Directives allow the person to decide in advance what will occur in the event of a psychiatric emergency. During the 2012/13 fiscal year, (84) percent of people in CRR and (80) percent of people in SL reported feeling empowered. The goal (85) percent for this outcome was not reached; necessary improvements will be made during the next fiscal year.

The Recovery Confidence goal was also improved during the 2012/13 fiscal year. This outcome examines if a person's confidence in directing their own recovery improved as a result of attending a recovery and rehabilitation curriculum led by a Certified Peer Specialist. The goal of (80) percent was exceeded by both PD SL at (90) percent and CRR at (81) percent.

Eviction rates for the PSH program are monitored to ensure that individuals are receiving the necessary support from staff to be successful with their tenancy. During the 2012/13 fiscal year, the percentage of people who did not experience eviction was (99) percent for the 4th quarter which exceeded the goal of (95) percent. During the fiscal year, seven people of 140 people in housing experienced eviction.

Access

For the PDSL programs, it is important for people to gain access to services as quickly as possible once they have been admitted to the program. As a result of needed improvements to the admission process, a goal was implemented to ensure that (100) percent of people being admitted to the PDSL programs begin receiving services within seven business days from the date of referral. Ninety-three percent of the (27) people admitted began receiving services within (7) days.

The following page displays outcome results for the fiscal year on the Outcome Summary Table. For a complete description of the department and program goals, please contact the Quality Department.

**Transitional Services Inc.
FY 2012/13 Department Performance Goals**

Performance Goal	Target	1st Q.	2nd Q.	3rd Q.	4th Q.	Comments/Intervention
Program						
Program Satisfaction (persons served satisfied with the current program and services.)	85%					
SL PD		91%	91%	91%	95%	Information for both programs
CRR PD		**	85%	91%	91%	Information for 3 programs - no change from 3rd quarter
CH ID		100%	100%	100%	100%	Information for both programs
SL ID		**	**	**	100%	Information for two programs
PSH		**	**	94%	94%	
Family Satisfaction						
SL ID		**	**	100%	100%	One person answered Don't Know/N/A
CH ID		**	**	100%	100%	
Staff Retention (program staff retained to ensure stability with service delivery)						
SL PD	85%					* PD coordinator left during the 2nd qtr.
CRR PD		100%	83%	83%	83%	no change in the 3rd qtr.; 1 staff left during the 2nd qtr. (6 total positions)
CH ID		97%	97%	94%	90%	1 staff vacated during the 4th quarter; 1 staff vacated during the 1st and 3rd qtrs; (31 total positions)
SL ID		100%	90%	90%	90%	No change in the 4th qtr.; 2 staff left during the 2nd qtr. (21 total positions)
PSH		100%	100%	100%	93%	One staff vacated Longo in the 4th qtr (14 total positions)
		88%	88%	88%	78%	1 staff vacated during the 4th qtr.; 1 staff vacated during the 1st quarter; (9 total positions)
Access (individuals admitted will begin receiving services within a minimum of 7 business days from referral date)						
SL	100%					11 people were admitted in the 4th qtr; a total of 27 people were admitted. The avg. number of days from referral to first meeting was 7.7 for the 4th quarter.
SL		100%	100%	100%	93%	
Occupancy (95% capacity will be maintained)						
CRR	95%					
CRR		90%	89%	88%	87%	
Eviction (individuals living in apartments in the community do not experience eviction)						
PSH	95%					1 eviction in the 4th qtr. 140 individuals in housing (total of 7 evictions for the fiscal year) [percentage shown is only reflective of current quarter's results]
PSH		99%	98%	99%	99%	
Length of Stay (Individuals successfully maintain residence in apartments of their choice in the community)						
PSH	15mos					average length of stay is approximately 4 years.
PSH		48mos	50mos	43mos	44mos	
Recovery Confidence (individuals have increased hope, confidence, and motivation to work on personal recovery)						
SL	80%					green shows adjusted results from 1Q.
SL		100%	100%	100%	90%	10 people have completed the modules during the year
CRR		67%	76%	76%	81%	22 people have completed the modules during the year
PSH		**	**	**	**	No individuals completed the module.
Empowerment (persons served have increased feelings of empowerment as a result of services)						
SL	85%					
SL		**	79%	74%	80%	
CRR		**	85%	82%	84%	
Productivity (established levels of direct service delivery will be reached and maintained by CSSII staff)						
SL PD	85%					one new staff is still not up to a full caseload
SL PD		87%	81%	72%	81%	
Quality/Agency						
Travel Expenses (reduction in staff travel expenses by using conference calls and web-based meetings)						
	20%					reduction in costs has occurred due to reduced number of management meetings, removing need to physically submit time sheets to the office, as well as direct deposit of pay checks. Actual % to be determined.
		**	**	**	**	
Fundraising (increase outreach efforts to potential donors)						
	200%					5 new businesses and 77 new donors contributed to the Walk
		7%	**	**	**	
Property/Agency						
Fleet Management						
	10%					
Improve vehicle reliability and reduce repair costs		13%	25%	44%	46%	The 4 qtr. Showed a large increase due to two factors. (1) desiel engine repair of moving van and (2) more vehicle state inspections due in May.
Reduce fuel consumption		12%	15%	8%	10%	There was a slight increase of fuel usage in May.
Administration/Agency						
Go Green (reduce supply and administrative costs)						
	20-40%					
		**	**	**	**	Anlysis not conducted. No cost effective method to determine results identified.
HR/Agency						
Staff Complement (program positions are filled)						
	95%					
		92%	93%	90%	85%	
Fiscal/ Agency						
Cash Position (sufficient cash reserves maintained)						
	90days					
		9days	5 days	29days	20days	Cash available is approximately 20 days down from 61. Line of Credit is repaid and remains available.