



*Transitional
Services, Inc.*

Helping People with Mental Disabilities
to Achieve Quality Lives

www.transitionalservices.org

Annual Management Report

Fiscal Year 7/1/07 to 6/30/08

Respectfully compiled by:

Craig S. Dorin ~ Coordinator of Quality Operations

Phone: (412) 461-1322 x247

Email: cdorin@transitionalservices.org

A white banner with a black outline, featuring a ribbon-like shape at the top and bottom. The text is centered within the banner.

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

Transitional Services, Inc. is an innovative human services organization transitioning people with mental health and mental retardation disabilities into the community. We are committed to fostering an environment that provides quality services for all of our customers. Through creativity, respect, and partnership we continue to assist individuals in need to gain the skills necessary to be as self-sufficient and independent as possible through the provision of residential and rehabilitative services.

Vision Statement

We will be recognized as a regional leader in service provision for people with mental health, mental retardation, and other related disabilities. We will provide

life changing opportunities for those we serve to grow individually as people, community participants, and to inspire others in their growth and recovery.

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 2008 Management Report
Summary Report
Fiscal Year 7/1/07 to 6/30/08

Executive Summary

The past fiscal year has been one filled with sizeable challenges and inspiring rewards. This fiscal year has brought with it the challenges and impacts of the closure of Mayview State Hospital. Intensified reporting requirements have been enacted upon both program and administrative operations making responsibilities more demanding. The employment market has grown more challenging making it increasingly difficult to attract and retain quality, caring staff to realize the mission. Despite this climate, TSI has continued to tenaciously pursue its plans for growth and development. Holding true to its course the agency and its employees have remained focused on the initiatives identified as essential for success. TSI remained stable, solvent and mission focused. This short summary offers a brief look at the challenges, achievement and growth TSI has experienced during the 2007/08 fiscal year.

The 2007/08 fiscal year again saw much of the agency's resources and effort directed toward the successful operation of the Permanent Supportive Housing Project grant that was awarded near the end of 2005/06 fiscal year as part of the Housing as Home initiative. Summarizing the project, TSI and the Allegheny County Housing Authority (ACHA) were selected to make (220-240) units of permanent supportive housing available for "priority" individuals within two to three years. The project director and select agency leadership have continued to work during the fiscal year to streamline operations. The project, not without its challenges, has been successful on many levels. Within this fiscal year TSI has worked to locate and secure housing for ninety-three (93) individuals, nearly half of the targeted number of units. *In the next year, TSI hopes to accomplish the goals of the Permanent Supportive Housing project and looks to fully incorporate its services into the agency with a dedicated funding source.*

Enhancing the agency's capacity to employ technology to operate more efficiently and effectively, M2 Technologies made some significant improvements to the network. They provided the capability for all leadership members to safely access the network remotely. This enabled the leadership team to access their "office" while in the field. In addition to this important access improvement, M2 Technologies also enabled better file and information sharing. This allowed the agency to take new steps in the direction of replacing paper forms with electronic versions and increasing overall accessibility for employees. *During the next year, the agency will work to make the system and information organization more understandable and user friendly to staff.*

The fiscal department endeavored to address the agency's need for new accounting software to address the limitations and technical support concerns of the existing one. The fiscal department purchased and began implementing the new accounting software package. This project was advanced while the department continued to provide support to the Permanent Supportive

Housing program and successfully underwent two (2) unscheduled audits. *Moving forward, the new accounting software will be fully implemented during the new fiscal year and the old software will be discontinued.*

The Community Supports Program (CSP), responsible for offering educational and enrichment activities to persons actively receiving services, continued to establish and define itself. The program and its staff were instrumental in helping the agency to continue to become increasingly recovery-oriented. The CSP staff facilitated The Hearing Voices training to enable the agency's staff to become more empathetic and helpful to persons who hear distressing voices. The CSP staff also worked with the program director to establish an advisory board comprised of individuals actively receiving services to better guide program and service development. CSP staff continued to facilitate a number of groups that offered individuals the opportunity to learn about recovery and gain personal insight. In addition to these efforts, two (2) staff members achieved the significant accomplishment of becoming certified peer specialists. *TSI seeks to find a way to embed and more fully integrate the CSP into the existing program structure during the next year.*

TSI continued to be actively involved in the business and provider community. During the past fiscal year, the program director and the coordinator of clinical and community support services participated in panel presentations at the annual conference hosted by the Center for Psychiatric Rehabilitation at Boston University. The chief executive officer continued to be acting president of the Homestead-area Economic Revitalization Corporation and through that affiliation partnered with the Mon Valley Initiative to successfully build homes in the area.

The agency took a significant step toward directly involving all staff in the Long Range Strategic Planning (LRSP) process and development activities for the agency. During this fiscal year, select direct support staff was invited to join each of the nine (9) planning teams and directly participate in the achievement of each team's objectives.

TSI continued working with a consultant from Boston University's Center for Psychiatric Rehabilitation to further its transformation into a fully recovery-oriented organization. The work of rewriting and/or refining job descriptions, appraisals and procedures was continued in order to demonstrate that the agency delivers person-centered, recovery-oriented services.

I. Long Range Strategic Plan (LRSP) Objectives Update

The LRSP identifies nine (9) areas crucial to the agency's growth and development. The LRSP is developed and implemented by the leadership of the agency. However, during this year, the planning process received two key adjustments to make it more inclusive of all staff and more completely embed it in the organization. The first change made was to reorganize and restructure the planning teams. Feedback was received from the previous year's planning retreat that the leadership needed to have more connection and identification with the areas they were responsible for developing. It was stated that

achieving solid understanding and connection was not possible when planning teams only assembled annually. Responding to this and other recommendations, the planning teams were reestablished and then required to meet regularly throughout the year to execute the established plan. Secondly, it was decided that direct support staff needed to have more involvement in the planning process than simply to provide feedback. To increase their involvement, it was decided that identified direct support staff would be asked to join each of the nine (9) planning teams. The identified direct support staff was then expected to meet and work with leadership to achieve their team's specific objectives. These changes created more dynamic and involved teams that shared more ownership of the responsibility for growing and developing the agency. The proposed LRSP was presented to the Board of Directors in March of 2008 and approved with input and minor changes.

Below are some highlights of the goals and objectives that TSI has worked to complete during the past year. A copy of the entire Long Range Strategic Plan can be provided upon request. Items that have a (+/+) indicate that an objective was achieved. Items that have a (+) were partially completed during the fiscal year and will be continued and completed during the next year. It should be noted that each of the areas identified contains multiple tactics required for the successful completion of the specified objective.

- A. HUMAN RESOURCES (EMPLOYMENT):** TSI will have successfully employed and retain diverse groups of people (+/+)
- Developed standards of employee behavior reflecting cultural competency to be included in revised appraisals
 - Contacted two resources to identify and hire candidates with disabilities
 - Recruitment tracking process was developed to improve the hiring process and increase efficiency
- B. DEVELOPMENT (ENVIROMENT):** TSI will have acquired funding sources to support consumer services (+)
- Introduced new donor levels
 - Participated in the annual Community Partners Fundraising Concert
 - Began exploration of several fund-raising software packages
- C. FINANCIAL (BUSINESS PLAN / SOLVENCY):** TSI will have defined the direction the organization needs to take to remain solvent (+/+)
- Identified and purchased new accounting software package
 - Explored several different investment options including the Pittsburgh Foundation and increased the line of credit
 - Incorporated the planning and budgeting of the agency's major initiatives into the overall budget for appropriate support by

departments and programs

- D. RELATIONSHIP BUILDING (ATTITUDINAL):** TSI will have developed relations with other entities to provide more resources and opportunities for the consumers served while changing the attitude regarding housing services (+/+)
- Employee appeal made to all employees to identify personal relationships and connections which may benefit or promote the agency
 - Contacted local high school to promote education and awareness of mental illness
 - Participated in several community events to distribute information and educate the public about mental disabilities
- E. FACILITIES (ARCHITECTURAL):** TSI will have maximized the use of its facilities and developed new housing opportunities for individuals with disabilities (+/+)
- Explored ways to develop new housing from the proceeds of the Jane Street program sale.
 - Developed a plan for housing the individuals displaced by the closure of the Jane Street program and relocated them within sixty (60) days
 - Determined the accessibility needs of those served
 - Investigated and purchased additional office property in West Homestead
- F. COMMUNITY INFLUENCE (DIVERSITY):** TSI will have increased its influence with community groups for the purpose of establishing itself as a leader in the industry (+/+)
- Certified two staff as Peer Specialists and two staff attended the “Hearing Voices” training to become trainers
 - Presented at different workshops and participated in public events
 - Published two press releases in local and regional newspapers
 - Newsletter cover stories written by persons of prominence or authorities on specified topics
- G. COMMUNICATIONS (TECHNOLOGY):** TSI will have increased its capacity to utilize a variety of communication tools and strategies (+/+)
- Developed an information system that allowed shared information access for the entire agency
 - Developed plan to assess and increase staff’s ability to use technology based on evaluation of required skill
 - Increased technology consultant’s knowledge of several key workflow processes
 - Conducted evaluation of printing and documentation capabilities to determine best approach to moving to fully electronic filing

- H. TRANSPORTATION:** TSI will have assisted individuals served in better utilizing existing transportation services to better enable them to participate in the community (+/+)
- Published and distributed transportation booklet to better enable persons served to access community resources
 - Placed mobility resources on the agency website
 - Generated a report about the vehicle fleet based on annual inspection information to best assess agency's transportation needs
- I. PROGRAM:** TSI will have enhanced the services it provides to support the clinical needs of consumers (+/+)
- Psychiatric Rehabilitation training models were developed and presented to staff
 - Revised policies and procedures to reflect the recovery focus of the agency's services
 - Incorporated Everyday Lives Mission & Values into MR service delivery and provided MR program supervisors training in complementary MH rehabilitation modules
 - Increased staff awareness and use of recovery enhancing practices through the Intentional Care and Deegan Medication Training.
 - Developed a Peer to Peer persons served mentoring program
 - Developed and implemented specific policies, procedures and monitoring processes to solidify the administrative structure of the Permanent Supportive Housing Program

II. Program Updates and Information

TSI's programs remained stable during the 2007/08 fiscal year but did experience some changes. The Jane Street program was closed and the property sold. This action was taken to minimize agency costs and to begin to implement the county's plan to move to a supported living model for services. The vacating individuals worked with their teams to identify desired living arrangements and services. Several individuals moved into their own apartments in the community to receive minimal staff support.

HOUSING AND SUPPORT SERVICES FOR INDIVIDUALS WHO HAVE MENTAL HEALTH OR INTELLECTUAL DISABILITIES:

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 mental health programs, most individuals have their own apartments, while some 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 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 successfully in chosen roles within the home and community.

Clinical Consultation and Education: Clinical Consultation and Education services are provided in conjunction with our 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 Certified Peer Specialists, the Community Supports Program works in conjunction with our 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.

Permanent Supportive Housing Program: The Permanent Supportive Housing Program (PSH) 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 users, providers and landlords on housing related matters.

TSI has programs in a variety of locations in and around the city of Pittsburgh and Allegheny County. Several of the areas are: Highland Park, McKeesport, McKees Rocks, Oakland, South Side, East Liberty, and East Pittsburgh.

Admissions

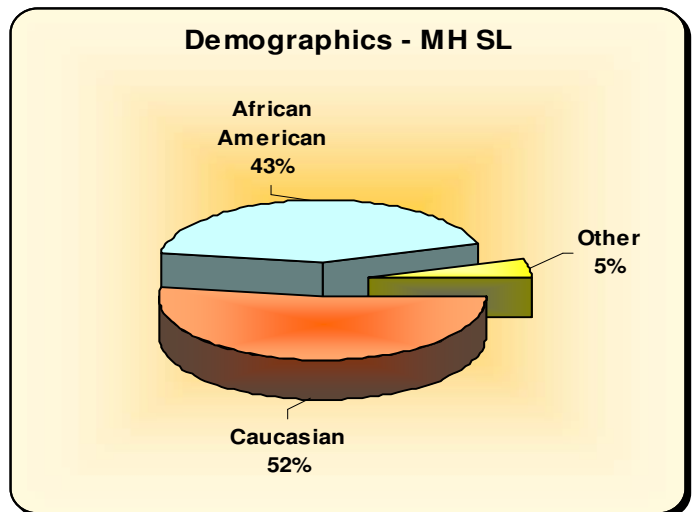
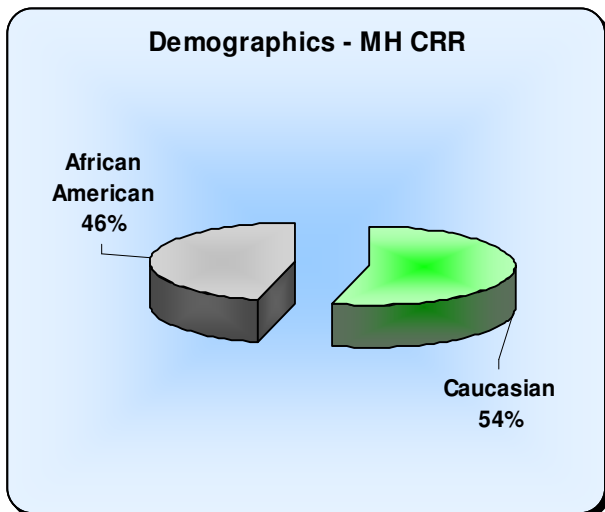
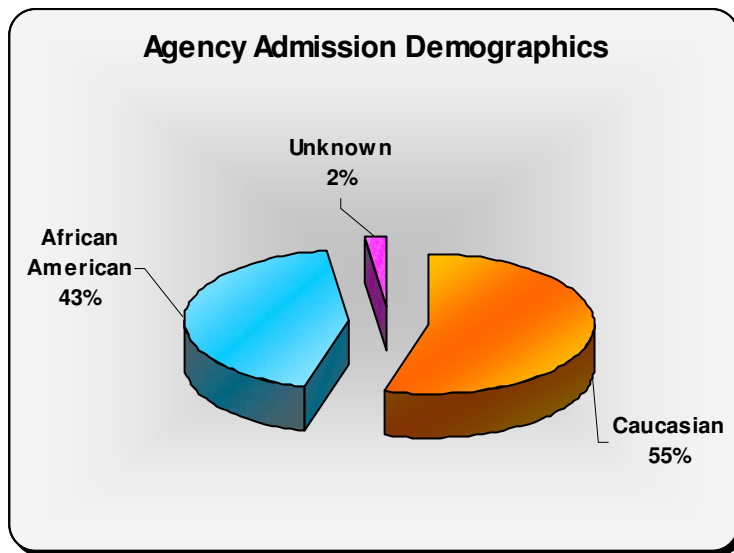
TSI's MH CRR programs met the ninety-one (91) percent occupancy level for the fiscal year. The MH SL programs achieved an occupancy level of only seventy-three (73) percent. This was a two (2) percent decrease from the previous fiscal year. The occupancy level has remained lower in the MH SL programs because of capacity challenges created by difficulties hiring and

retaining staff. The human resources department has been working to address the staffing challenges but has only experienced minimal success.

Programs overall experienced a twenty-five (25) percent decrease in admissions compared to the previous fiscal year. MH CRR Programs experienced no change in the number of admissions. MH SL Programs experienced a thirty-eight (38) percent decrease. There was one (1) new admission to the MR programs which occurred in the CHIMR Program. This is a slight decrease compared to the three (3) individuals admitted to the MR programs in the previous fiscal year.

The tables and charts below provide additional information about admission demographics.

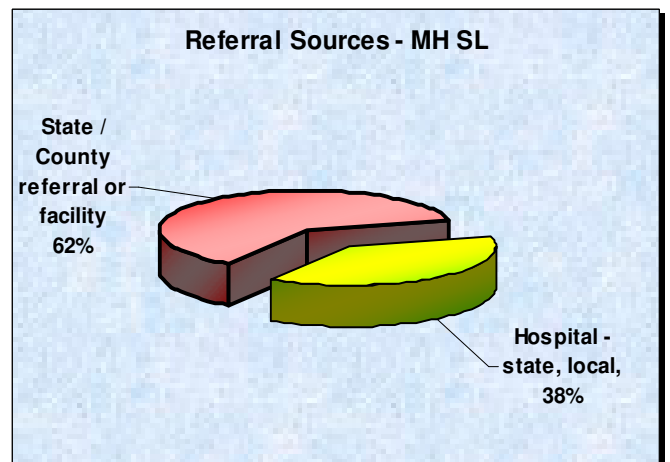
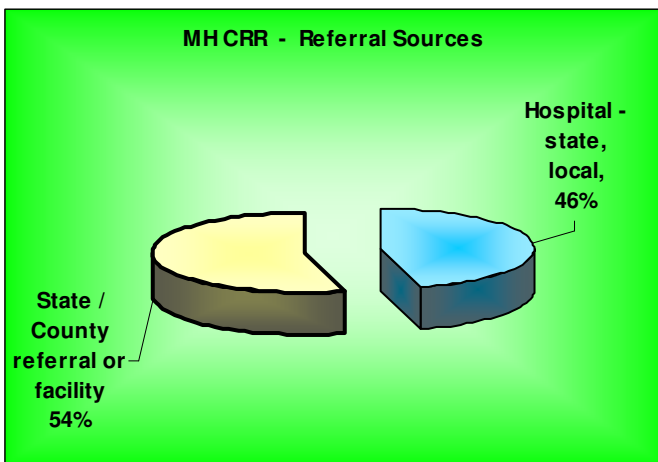
Program	MH CRR	MH SL	CHIMR	MR SL
# of Admissions	24	21	1	0
Average Age	35	41	49	N/A



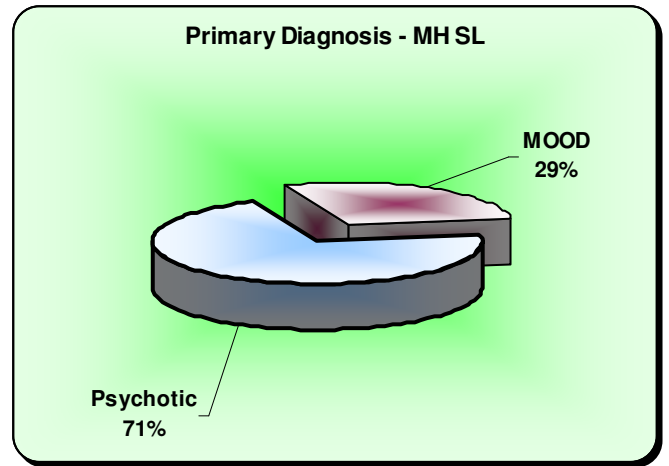
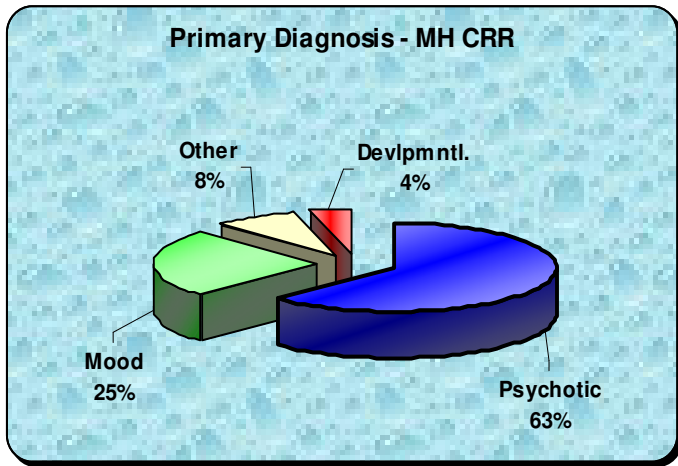
Males comprised fifty-seven (57) percent of all admissions. One person admitted to the MH programs was of Hispanic descent. This is one less individual than the previous year.

During this fiscal year there was a slight change in the sources of referrals for services. In the previous year there were some individuals that came directly from the community. During this fiscal year, all referrals for services originated from either local or state hospitals or a county referral facility. TSI's discretion and ability to screen potential admissions changed during this fiscal year due to system changes. To ensure individuals leaving the closing Mayview State Hospital were able to efficiently access housing supports, the county assumed control of the admission process. Agencies were required to alert the county to vacancies and then accept the individuals referred for services. This process change did not enable the agency to work as collaboratively with individuals to identify the best or most desired living arrangement as had been done in previous years. This process change also explains why there was a sharp increase in the number of admissions originating from county referral sources.

There were four (4) declined referrals for services during the 2007/08 fiscal year. This is an increase of one over the previous fiscal year. One declined referral determined that the persons needed more intensive services and supports than could be provided. The other three (3) declined referrals were for individuals with mental retardation seeking mental health service programs. It was determined that the individuals would receive the most appropriate services in a program for persons with intellectual disabilities. All MR Program referrals were orchestrated by the county.



The identified diagnoses for individuals admitted to the MH programs remained mostly consistent with the previous fiscal year but there was a slight shift. During this fiscal year, there was one person admitted to the MH CRR programs that had an MR diagnosis. All individuals admitted to MH SL programs had a diagnosis of either Psychotic or Mood disorder. In the preceding fiscal year, there was more variation in the identified diagnoses. Some of the disorders represented in the category of ‘Other’ are: Cannabis Use, Post Traumatic Stress, and Pervasive Development.



Discharges

There were a total of forty-seven (47) discharges that occurred in the 2007/08 fiscal year. This is a twenty-three (23) percent decrease from the previous fiscal year. The past three (3) years seems to indicate that there is a trend of decreasing discharges. It is believed that the reduced number of admissions to MH SL programs continued to contribute to this effect. There were thirteen (13) less admissions to MH SL programs which likely contributed to the forty (40)

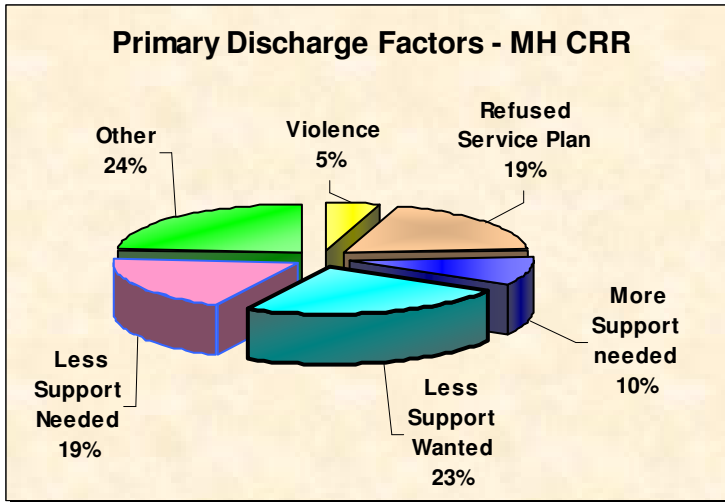
Program	MH CRR	MH SL	CHIMR	MR SL
---------	--------	-------	-------	-------

percent decrease in the number of discharges. Adding to this trend, individuals that discharged from MH SL programs during the current fiscal year stayed nearly two (2) years longer than individuals that discharged in the previous year.

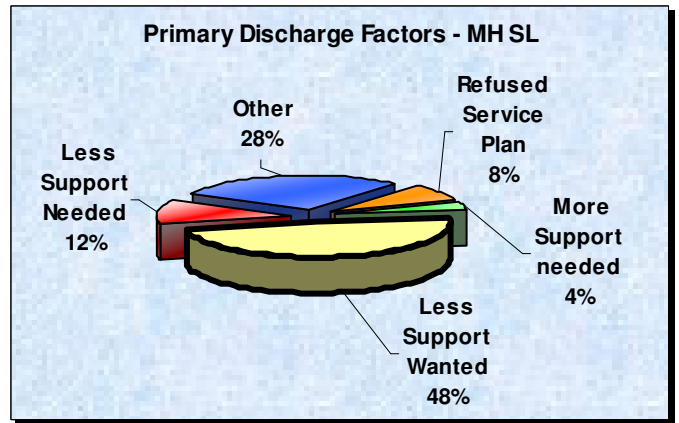
# of Discharges	21	25	1	0
Average Age	38	44	50	N/A

Average Length of Stay (years)	1.3	3.4	8.2	N/A
---------------------------------------	-----	-----	-----	-----

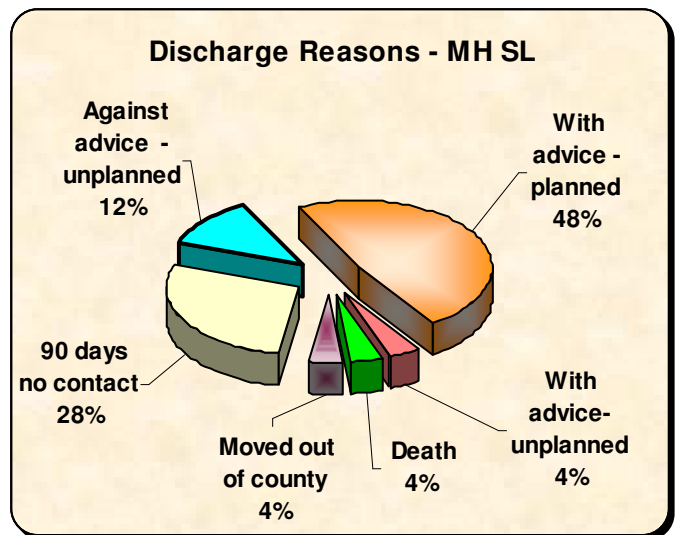
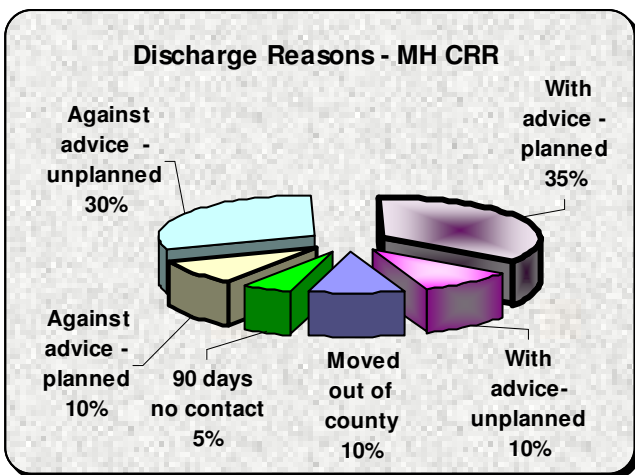
The MH CRR programs experienced a seventeen (17) percent increase in the number of discharges and saw a nearly one year decrease in lengths of stay. MR programs presented a change in the age and length of stay statistics from the previous year. However, because information is based on data for only one person no significance can be determined for this change.



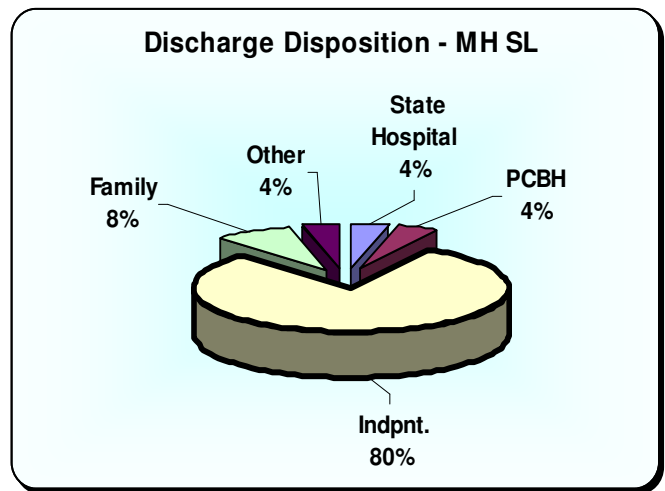
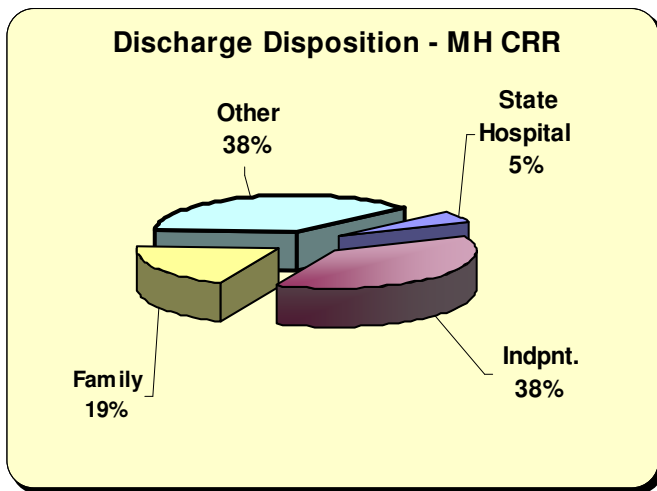
Individuals discharging from MH programs left due to a variety of primary factors with the most prevalent being the desire for less support. Remaining fairly consistent with the previous fiscal year, two (2) people left MH CRR programs to receive more enhanced supports as well as one in the MH



SL programs. Examples of factors included in the category of 'Other' include: refusal of contact, hospitalization, moved out of state and specialized medical needs. There was an overall decrease in the number of planned discharges in MH programs when compared to the previous fiscal year. Forty-five (45) percent of the discharges were planned in contrast with sixty (60) percent in the previous year. The primary reasons for unplanned discharges remained refusal of services and/or abrupt decisions to withdraw participation in the program. Those actions did not allow for a team meeting to be convened with the departing person to discuss housing options, service needs or other concerns.



Individuals leaving the MH programs went to various living arrangements. The majority of persons left to live independently in the community in a residence of their choice, sixty (60) percent. This is nearly the same number of individuals as the previous year. The percentage of persons discharging from MH CRR programs to become independent increased five (5) percent over the previous fiscal year. The percentage of individuals going to live with family increased slightly. Eight (8) of the twenty-one (21) discharging individuals left to live in different supported housing programs, as well as local hospitals or nursing homes as indicated by the category of 'Other' in the Discharge Disposition charts. The MH SL programs remained largely consistent with the disposition statistics from the previous year. The only changes identified were that two individuals left to live with their families and there was a nine (9) percent decrease in the category of 'Other' living arrangements.



During the 2007/08 fiscal year, individuals residing in TSI's programs transferred or moved internally from their current program to a new TSI program to receive more appropriate or desired levels of services and supports. Eighty (80) percent of the individuals in the MH CRR programs transferred to programs offering greater independence and responsibility. Fifty-eight (58) percent of those individuals transferred from a CRR program to an SL program.

Quality Assurance and Improvement

Program and Service Planning Evaluation:

The Program Review Team reviewed all twelve (12) of the agency's programs; five (5) MH Community Residential Rehabilitation programs of which two (2) deliver Community Supported Living services, two (2) Community Homes for Individuals with Mental Retardation, two (2) MH Congregate Supported Living Programs and three (3) MR Supported Living Programs. The team continued its practices of interviewing persons receiving services, evaluating service plans

and reviewing planning recommendations. All program staff was provided a formal opportunity to give feedback about their program and the agency.

During the 2007/08 fiscal year, the percentage of program staff participating in the survey process remained consistent at eighty-one (81) percent. Fifty-six (56) percent of all program staff participated on agency teams or committees, three (3) percent increase over the previous fiscal year's participation rates. It is speculated that some of this increase occurred as a result of changes made to incorporate more direct support staff into the strategic planning process.

Staff survey results demonstrated overall satisfaction with their particular programs and the agency as a whole. Ninety-six (96) percent of the survey responses indicated satisfaction with the agency's recognition processes for staff contributions. Staff identified a solid level of satisfaction with communication, teamwork and the customer service provided by others in the agency. All of these areas scored a minimum of ninety-three (93) percent. These satisfaction levels are largely consistent with the ones achieved in the previous fiscal year. There was one area that staff did not indicate a high level of satisfaction, the direct and private handling of misunderstandings and problems. The level of dissatisfaction may be reflective of the increased level of stress experienced during the fiscal year due to staff shortages and more challenging service referrals.

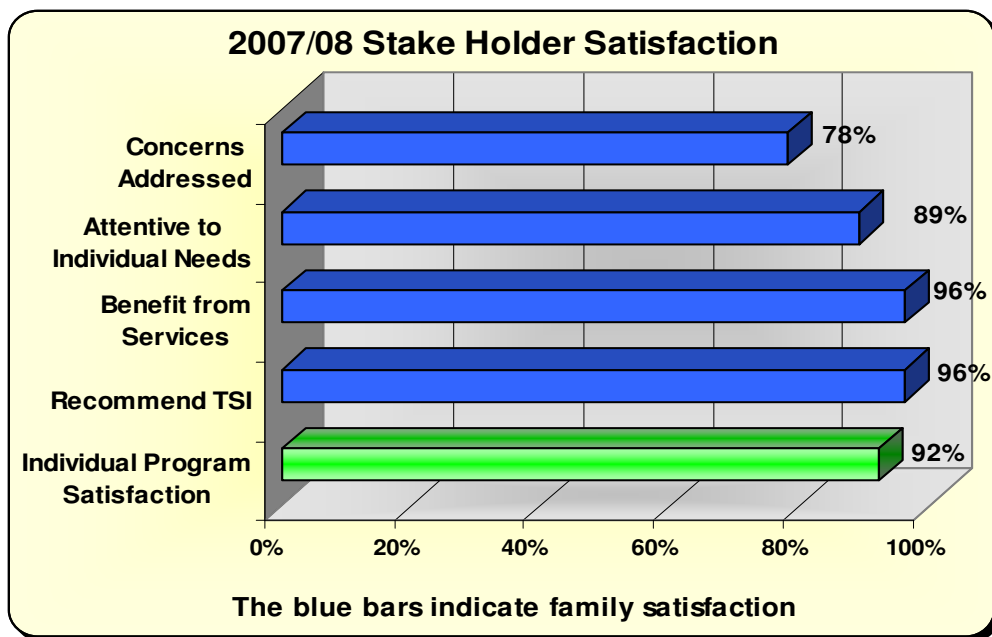
A random sample of forty-two (42) percent of all the charts for individuals receiving services was reviewed during the 2007/08 fiscal year, a three (3) percent increase. All service plans reviewed addressed the presenting needs of the individual as identified by the assessment and indicated the personal goals each individual desired to achieve. Approximately less than five (5) percent of the charts reviewed were determined not to have current assessments or objectives at the time of the review. This is approximately a five (5) percent improvement from the previous year. All individuals clearly participated in the development of their individualized plans for services. Each person identified their specific goals or objectives as well as indicated personal success criteria in their own words.

Overall, programs made modest improvements in the quality of their service planning during this fiscal year. An approximate evaluation of an overall compliance rating for objective plan development is eighty-five (85) percent. This is a two (2) percent improvement over the previous fiscal year. Seven (7) of the twelve (12) MH and MR programs achieved a minimum eighty-five (85) percent overall compliance rate with the service planning system used. Individual programs have been informed of areas of need and are all currently endeavoring to make improvements through additional training, mentoring and monitoring efforts. Many of the programs achieved all or nearly all of the specific goals that had been identified for improvement.

Stakeholder Feedback:

TSI is committed to obtaining feedback and information from all of the persons impacted by its services. To that end, during the 2007/08 fiscal year, TSI surveyed providers, family members and individuals receiving services. Sixty-six (66) percent of the individuals receiving services participated in the program satisfaction survey, an increase of eight (8) percent.

Ninety-two (92) percent of the responses from persons served in MH programs demonstrated satisfaction. This is nearly the same percentage as the previous fiscal year's satisfaction rating of ninety-five percent. Individuals in MR programs were satisfied with services indicating one hundred (100) percent satisfaction. This satisfaction level has been achieved for the past several years. Family members and significant others shared their impressions of TSI's services with thirty (30) percent responding to the survey. Overall family members were very satisfied with services. The blue bars in the chart below indicate their level of satisfaction with various aspects of services. Family members indicated that TSI has made improvements in the areas of Attentiveness to Needs (10%) and Benefit from Services (96%). Family member comments did not indicate any trends for improvement. There were a couple of comments that requested staff provides more assistance with meal planning and locating employment.



Family Member Comments:

“TSI has always been supportive and answered any questions. Family member will be moving into an apartment that is accessible which will enhance his living environment.”

“The staff is respectful and helpful to family member and person served. Family member has all confidence in the staff at the unit.”

“We are fortunate to have our family member associated with your organization. The staff is priceless.”

“Consistent contact and follow-up with family member. Because of TSI person served is living in a clean, affordable housing in a good environment.”

Comments from Individuals Receiving Services:

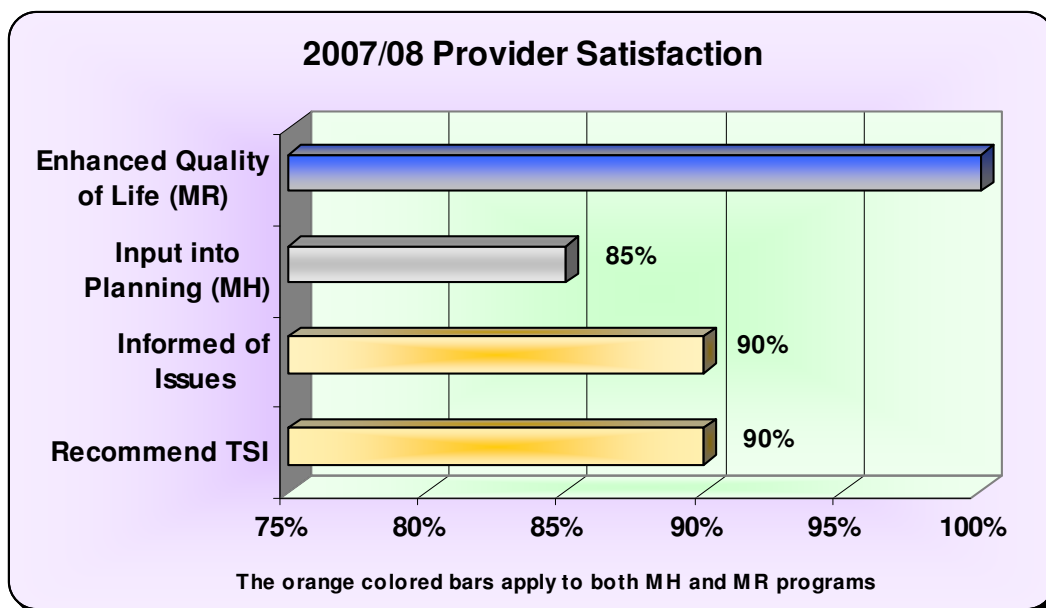
"My counselor has helped me through a lot of transitions...she has been very supportive...She has been positive with me along the whole way..."

"Transitional Services Inc. helps me with my medicine. They have been nice to me and make me feel like a person and let me make decisions about what is right for me."

"I am extremely grateful for the experience I've had at TSI. I have a great apt. in a very nice well kept secure building. The staff here...has made my experience a very healthy part of my recovery."

Twelve (12) percent of the surveys mailed to MH and MR service providers were returned in contrast with twenty-five (25) percent returned in the previous fiscal year. The decline in response rates is partially explained by the fact that surveys for the MH service providers were sent to eighty-five (85) additional providers that were no longer working with TSI due to an administrative oversight. MR providers did not have a solid response presenting only a fourteen (14) percent return rate for their surveys. MR surveys were only returned for one of the programs and therefore can only be applied as a general overall determinant of satisfaction. The decline in overall response rates may be reflective of the increased demands being placed upon providers' time that do not offer additional time for surveys and other non-required activities. TSI will continue to explore different methods for obtaining feedback from providers to improve response rates.

The surveys that were returned highly rated TSI and its services. TSI made moderate to significant improvements in all of the areas identified in the chart below. Most notably, 'Recommend TSI' improved twenty-two (22) percent over the last fiscal year's results. Overall providers were satisfied with TSI services but indicated improvements could be made by increasing communication and holding more formal meetings. The results of these surveys were shared and discussed with the organization to determine how best to address them.



Provider Comments:

"Great caring professional workers who are team oriented and care about the people we serve."

"The TSI staff I work with are wonderful and I enjoy being a part of their team. Good communication, dedicated, knowledgeable about the consumer."

"TSI has a strong housing program that consumers are able to learn their weaknesses along with increasing their strengths..."

"TSI finds above average housing with apartments that are clean and up to standards."

Regulatory Inspections and Monitoring:

All licensed programs underwent regulatory inspections conducted by the state and or county monitoring teams. All of the programs received satisfactory evaluations with no citations presented. Overall inspectors stated the records were well maintained with solid documentation of services being provided.

TSI's Quality Analysis Team (QA) continued to monitor quality assurance practices for the agency. A sampling of areas monitored is: policy and procedure, training and development, record keeping, medication practices, and incident management among others. A brief summary of some of the monitoring efforts and results is provided below.

The QA team did not conduct a complete analysis of all policies and procedures during this fiscal year. This approach was taken by the team due to the fact that the program director worked with her team to review and amend the policies and procedures to be more reflective of the recovery-oriented approach to services the agency has been promoting. It was felt that the review by the program director was sufficient for monitoring and assurance purposes. The QA team did review the agency's training plan and identified minor improvements for thoroughness and clarity.

The QA team continued to complete careful reviews of all reported incidents. Examples of reportable incidents are; hospitalizations, injuries, missing persons, police involvement to name several. The 2007/08 fiscal year was demanding as it presented a ninety-six (96) percent increase in the overall number of incidents the agency reported when compared to the previous fiscal year. Mental health programs experienced a one hundred and ten (110) percent increase in the number of incidents reported. The majority of the reportable incident types reported were illness and hospitalizations. They accounted for fifty-nine (59) percent of all the incidents experienced by persons served. One of the main reasons for the dramatic increase in incidents is changes with the reporting guidelines. During this fiscal year mental health programs were required to begin reporting more types of incidents. The sharp increase in the number of reported incidents is also reflective of the changes occurring to the mental health system and the more challenging persons being referred to TSI's programs.

The MR programs experienced a significant increase in the number of incidents reported, fifty-eight (58) percent. The primary categories of incidents responsible for the increase were police involvement and fire safety. Individuals activated alarms as a result of overcooking food. Individuals were counseled and coached on safe cooking practices. Some individuals also

completed formal fire safety plans to obtain additional education to address the incident. There were no actual fires or property damage at any of TSI's sites during this fiscal year. Police involvement reports were made to address individuals and staff that had been robbed or accosted. TSI addressed these incidents by providing training on community safety and evaluating the events to determine what changes could be made to avoid their reoccurrence.

Program Outcomes

The following are some selected outcomes or performance measures TSI monitors to evaluate program operations. The outcome measures reflect evaluations of satisfaction, efficiency and effectiveness. To obtain a more complete accounting of all TSI's performance measures, contact the Quality Department.

Satisfaction:

The satisfaction of all people and groups TSI serves is important. It is expected that nine out of ten people will be approving of our services and recommend us. Ninety-two (92) percent of individuals' responses indicated satisfaction with their program and services. Ninety-six (96) percent of the family member responses indicated they would recommend TSI's services. Ninety (90) percent of providers' responses indicated satisfaction with TSI's services during this fiscal year. The satisfaction objectives were met for all stakeholders.

Efficiency:

A stable staffing complement is necessary for trusting relationships to be formed with individuals served. TSI evaluated efficiency in this area by gathering and examining data regarding staff retention rates. TSI monitors all of the staffing patterns of its employees and pays particular attention to retention rates in the MR programs. One hundred (100) percent of the MR program staff remained at their programs. This exceeded the goal of retaining eighty-five (85) percent of the staff.

Effectiveness:

TSI desires to understand the impact its services and specific interventions are having on the individuals served. To that end, TSI gathers data in several areas: successful management of illness, quality of life and perceived degree of empowerment.

Individuals receiving services through the supportive environment of TSI's programs should experience fewer hospitalizations and interruptions to their lives. TSI has set eighty-five (85) percent as a target. During the 2007/08 fiscal year, individuals in the MH programs achieved this goal. Only eight (8) percent of the individuals that discharged experienced an increase in hospitalizations while in services at TSI.

Helping individuals to feel better about themselves and their overall quality of life is an important aspect of recovery. TSI identified a target of sixty-five (65) percent of the persons served in MH programs will indicate an improved quality of life. TSI met this goal with

seventy-nine (79) percent of the individuals in the MH CRR programs served indicating an improved quality of life. This is an eight (8) percent improvement over the previous year. MH SL programs missed the goal with only fifty (50) percent indicating improvement. This measure has been identified as an area to address. The scores for persons living in the community have continued to be lower than those for persons living in site-based programs. These results remain consistent with the national averages.

Empowerment, feeling that an individual has control over life and decisions made is another important component of recovery that TSI measures in its MH programs. TSI's staff partner with individuals to assist them with learning how to take control of their lives and be their own advocate. TSI set the target for increased levels of empowerment at sixty-five (65) percent. During the 2007/08 fiscal year, ninety-three (93) percent of the persons in the MH CRR programs and eighty-eight (88) percent in the MH SL programs indicated increased levels of choice and control over their lives. These are nearly the same results as the previous year except for a fourteen (14) percent increase in the levels achieved in the MH SL programs.

The final pages of this management report summary contain tables that provide more information about the performance measures TSI gathers to assure quality program operations.