

Annual Management Report

Fiscal Year 7/1/2010 to 6/30/2011



www.transitionalservices.org

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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 2011 Management Report
Summary Report
Fiscal Year 7/1/10 to 6/30/11

Executive Summary

The 2010/11 fiscal year saw the development of new relationships, increased public scrutiny of services, enhanced attention directed toward improving service and operational efficiencies, as well as formidable funding challenges. Hurdles were competently handled through the combined efforts of the senior leadership team's prudent decision making and staff's trust to embrace change. TSI remained financially sound and during the fiscal year provided the highest quality residential services to approximately 400 individuals throughout Allegheny County.

New Partnerships and Services

In August of 2010, TSI accepted the request to partner with Our Own Home (OOH) to open and operate its first Fairweather Lodge. With funding provided by the county and Community Care, TSI purchased and renovated a four bedroom home in Moon Township. By April of 2011, TSI had completed all renovations and identified lodge members through a careful interview process. Unfortunately, the lodge's opening was delayed by vitriolic opposition launched by a small group of neighbors.

Further developing the service relationship with Staunton Clinic, TSI entered into an agreement to deliver peer specialist services to individuals residing at Xavier Personal Care Home in June of 2011. In this capacity, peer specialists will offer training and supports in a variety of areas including: Recovery, Psychiatric Advanced Directives, WRAP (Wellness Recovery Action Plan) and Patricia Deegan's Common Ground™ principles to enable individuals to better understand, advocate and advance their personal recovery.

Public Awareness and Stigma

As a result of neighborhood opposition mounted against the Fairweather Lodge in Moon, TSI found itself and its services placed more clearly before the public's scrutiny. Championing the right for individuals with psychiatric disabilities to live in the community of their choosing necessitated; TSI's attendance at zoning hearings, meetings with township officials and concerned neighbors as well as interactions with the press. The experience of opening a program for individuals with psychiatric disabilities in a suburban residential neighborhood brought clearly into focus the prevalence of stereotypical thinking, stigma, and generalized fear of persons with mental illness that still prevails in 2011. The lodge experience made it evident that greater community

education needs to be done by TSI and others in the mental health industry to create acceptance of persons with mental disabilities.

Service & Operations Efficiencies

Seeking to achieve leaner more efficient services, the agency started two Six Sigma projects in late spring of the fiscal year. The Human Resources Department explored improving recruitment and Program evaluated service delivery in supported living programs.

The Human Resources Department examined the recruitment process to determine changes that could be made to reduce the total time occurring between application and hire. Changes were made in the following areas; advertising, phone screening, interview scheduling and execution. The modifications resulted in; improvements with efficiency, better collaboration between departments and increased understanding of the overall recruitment process. Preliminary results of the changes indicate significant reductions in the time required to hire new staff. The changes will be monitored during the next fiscal year to determine if the results are able to be sustained.

Program explored service delivery in the supported living programs. Through the project the team identified new best practices, evaluated scheduling, examined appointment no-shows, and reviewed collaborative documentation as well as the complete intake process. Examination of the intake process led to some changes implemented to reduce the amount of time from referral to admission and allow for greater capitalization of billable time. Referral interviews were conducted by phone to address availability and scheduling challenges. Upon conclusion of the interview, an immediate disposition determination was made and a staff pairing identified. These changes enabled the staff to begin working with the newly admitted individual more quickly and also bill for the time upon the initial visit, something that was not previously able to be done without delays.

During the 2010/11 fiscal year, the topic of health and wellness remained a focus of the agency. The Human Resources Department continued its efforts to enhance employee wellness. Information was provided to staff on the Employee Assistance Program, wellness articles were distributed and a healthy cooking group was conducted.

The program strategic plan team continued the wellness efforts begun in the previous fiscal year to address the 25-year life expectancy disparity for individuals with psychiatric disabilities. During this fiscal year, feedback service users provided during the public forum was analyzed and used to further shape an agency-wide wellness initiative. "TSI Targets Wellness" a comprehensive wellness plan was developed to; assist individuals with making healthier food choices, improve their understanding of nutrition, encourage increased movement/exercise and support quitting smoking.

Year two of TSI's involvement with the statewide Recovery Learning Collaborative was successfully completed. TSI's goal of (75%) of persons served identifying and developing *personal medicine* was achieved. (*Personal Medicine is defined as something that a person does to feel better about themselves or that gives meaning to their life.*)

Also within this fiscal year, the next element of the Collaborative, *power statements*, was implemented. (*Power Statements are clear statements developed by an individual stating how the person wants their psychiatric medicine to help them.*)

At the close of the fiscal year, TSI was awarded a \$25,000 grant from the Staunton Farm Foundation to support the on-going implementation of the Psychiatric Rehabilitation Approach. The grant will be used to develop organizational structures and processes that promote standardized staff training and uniform skill use. Increasing staffs' ability to competently and consistently apply PRA tools and technology in service delivery will result in individual's experiencing increased success and satisfaction in their personal recovery.

The agency hosted and participated in several annual community events. In October 2010 the agency held its 4th Annual Art Show at the Carnegie Library. Persons served displayed their masterpieces alongside entries from community artists. A musical performance and child art station rounded out the festive community affair. Also in October, staff and some board members participated in the Western PA NAMI Walk.

TSI's leaders remained actively involved in the community by serving on various external committees, task forces and stakeholder groups to give guidance and support on disability, housing and recovery-focused services. The chief executive officer remained the acting president of the Homestead Economic Revitalization Committee and served as treasurer for the Mon Valley Initiative.

Long Range Strategic Plan (LSRP)

The LRSRP identifies nine (9) areas essential to the development of the organization's program services as well as its business operations. The LRSRP was created by members of both the leadership team and direct service staff. This approach enables all points of view to be considered in the development and achievement of objectives.

The three year plan was developed during the 2008/09 fiscal year to guide and shape the agency's development. The end of the 2010/11 fiscal year brought the conclusion of year two of the plan. Many committees completed strategies and worked to either refine or identify new ones to advance achievement through the 2011/12 fiscal year.

The Board of Directors conducted the annual review of the LRSRP in May 2011 approving the final year of the plan without amendment.

Below are highlights of the current strategies committees have been working to complete. The complete LRSRP is available by request. Items that have a (++) indicate full achievement. Items having a (+) indicate partial completion and that the committee will continue their efforts through the next fiscal year. Many if not

all of the objectives require the completion of multiple steps for successful achievement.

A. HUMAN RESOURCES (EMPLOYMENT): Transitional Services, Inc. will have employed varied strategies to attract, equip, and retain diverse quality employees (+)

- Participated in six sigma project to improve the overall efficiency of the recruitment process
- Provided wellness articles to staff on a quarterly basis to help improve the health of the agency as a whole
- Launched online benefits enrollment and interfaced software with payroll system

B. DEVELOPMENT (ENVIRONMENTAL): Transitional Services, Inc. will have developed a plan for increased organizational growth and additional capacity to manage challenging environmental factors. (++)

- Successfully participated in the annual PSO concert fundraiser achieving the targeted level of sales
- Increased the number of employees and the amount contributed to the annual campaign
- Raised additional unrestricted money through the promotion of various fundraising opportunities

C. FINANCIAL (BUSINESS PLAN AND SOLVENCY): Transitional Services, Inc. will have developed a specific plan to address solvency, support organizational growth, and diversification. (++)

- Expanded TSI's services to eight additional counties
- Converted four individuals from base-funding to Title XIX funding to achieve additional units of service
- Conducted data analysis that provided direction for the Psychiatric Disabilities Supported Living (PD SL) retooling efforts addressing productivity
- Assisted with the conversion of Island Avenue from HUD Community Residential Rehabilitation (CRR) to Supported Living to exact cost savings and better fit the housing model

D. RELATIONSHIP BUILDING (ATTITUDINAL): Transitional Services, Inc. will have actively promoted a positive message and image of persons with mental disabilities to enable them to be seen as valuable, contributing members of the community. (++)

- Presented information on stigma reduction to a University of Pittsburgh School of Social Work class as well as provided a services overview to NAMI McKeesport
- Increased community involvement and the number of agency volunteers at the 2010 Art Show

E. FACILITIES (ARCHITECTURAL): Transitional Services, Inc. will have developed additional housing opportunities for individuals served though increased community visibility. (++)

- Added several housing resources to the internal database better supporting staff with completing housing searches
- Wrote housing article for the newsletter to inform staff of the new resources provided in the database and on the website.

F. COMMUNITY INFLUENCE (DIVERSITY): Transitional Services, Inc. will have developed a presence in the community for the purpose of establishing itself as a leader and community asset. (++)

- New headings and content for the website were identified as a strategy to increase traffic
- Identified questions for stakeholder surveys to assess awareness and usage of website
- Drafted a plan for article links to be added to agency website

G. COMMUNICATIONS AND TECHNOLOGY: Transitional Services, Inc. will have increased the organization's capacity to use technology in its work, communicate with leadership more effectively, and make electronic resources available to staff and the individuals served. (+)

- Finalized and implemented meeting and email guidelines to improve communication within the agency
- Completed computer skills evaluation of all program staff and presented findings to the leadership team
- Conducted evaluation of agency's technology through agency-wide survey

H. TRANSPORTATION: Transitional Services, Inc. will have provided information and supports to persons served to enable them to better use transportation services to more fully participate in the community. (+)

- Conducted a face-to-face transportation survey for persons served
- Created an article to provide information and transportation resources to persons served

I. PROGRAM: Transitional Services, Inc. will have enhanced the services it provides to support the rehabilitation and habilitation needs of persons served. (+)

- Revised three job descriptions and two performance appraisals to support Psychiatric Rehabilitation Approach
- Staff and persons participated in a Start-Stop-Continue analysis to determine focus of wellness activities
- Participated in six sigma project to target areas of improvement and address PD SL program productivity

Program Updates and Information

TSI's programs experienced some changes during the 2010/11 fiscal year. At the close of the fiscal year, TSI was given permission to begin converting one of the licensed Community Residential Rehabilitation (CRR) programs to supported housing. Additionally, TSI opened its first Fairweather Lodge in April 2011. Housing supports and services were provided to over (370) individuals, which includes (160) individuals served through the Permanent Supportive Housing (PSH) program.

HOUSING AND SUPPORT SERVICES FOR INDIVIDUALS WHO HAVE PSYCHIATRIC DISABILITIES (PD) OR INTELLECTUAL DISABILITIES (ID)

- ★ **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.

- ★ **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 services in a variety of locations throughout the city of Pittsburgh and Allegheny County. Areas include but are not limited to: Highland Park, McKeesport, Bethel Park, Baldwin, McKees Rocks, Oakland, East Liberty, and East Pittsburgh.

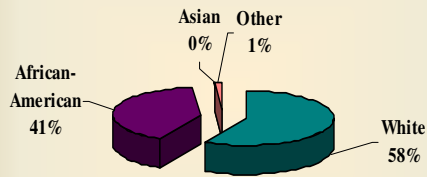
Admissions

During the 2010/11 fiscal year, (78) people were admitted to the various programs in the agency. This is an increase of (30) people in comparison with the 2009/10 fiscal year. The majority of the admissions were to programs supporting individuals with Psychiatric Disabilities (PD). Two people were admitted to programs providing support to individuals with Intellectual Disabilities (ID); one was admitted to the Community Homes program and one was admitted to the Supported Living (SL) program.

TSI’s Community Residential Rehabilitation (CRR) programs maintained an occupancy level of (93) percent for the second year in a row. The PD SL program maintained a (73) percent occupancy level for the second year in a row. The program has improved its referral and intake process in order to improve the occupancy rate in the future. Phone screens are now completed when a referral is received to more efficiently determine the person’s interest in services and grant admission. Also, a new marketing strategy has been implemented to increase the amount of referrals.

The following table and charts give a visual summary of the agency’s admission activity and demographics.

Agency Admission Demographics

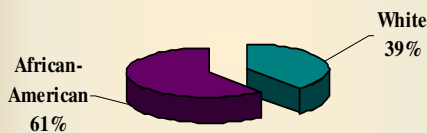


Gender

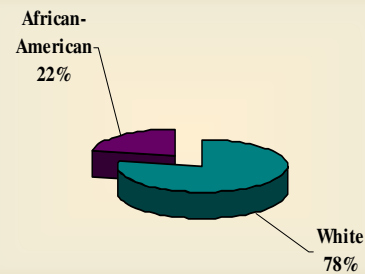


Program	CRR PD	SL PD	CH ID	SL ID
# of Admissions	37	39	1	1
Average Age	35	42	49	21

Demographics- PD CRR

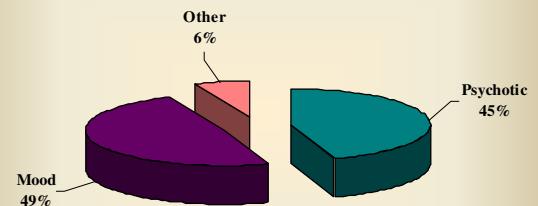


Demographics- PD SL



The majority of individuals admitted to Psychiatric Disabilities programs have a primary diagnosis of psychotic disorder or mood disorder. Diagnoses that were categorized as “Other” are anxiety disorder NOS and post-traumatic stress disorder. During the 2010/11 fiscal year there was a (10) percent increase in people referred with a diagnosis of mood disorder in comparison with the previous year.

Diagnosis- PD Programs



All referrals to the programs providing psychiatric disabilities services came directly from the county. This has occurred for the past three years and has created some challenges for the agency with regard to most beneficial placement. Despite the challenges encountered, staff have endeavored to meet

the specific identified needs of the individuals and promote personalized recovery services.

For the past three years, no appropriately referred persons have been denied admission to TSI's programs.

Exits from Service

A total of (74) persons exited from services during the 2010/11 fiscal year. This is a (38) percent increase from the previous year. PD SL and PD CRR programs accounted for most of the increases in exits with (15) additional people exiting from CRR and (11) more from SL. Only one more person exited from ID Community Homes and one less person exited from ID Supported Living. The majority of people leaving services moved to independent living stating that they wanted or needed less support.

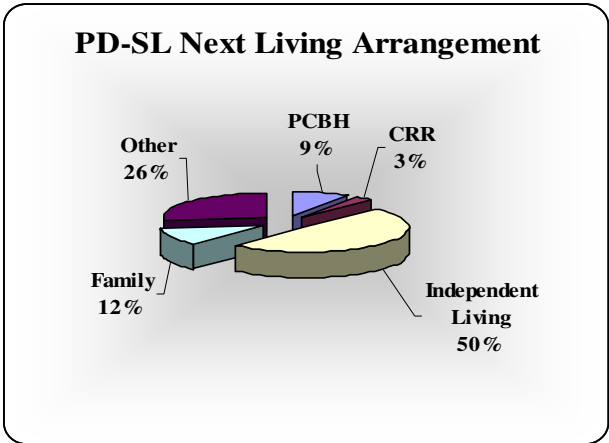
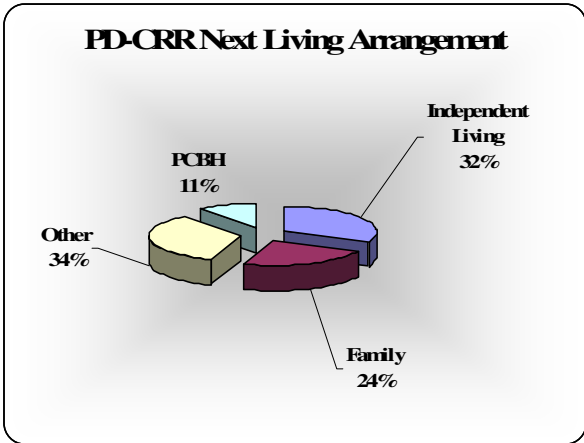
In comparison with the previous fiscal year, the length of stay for individuals exiting services during the 2010/11 fiscal year has increased for all programs. Length of stay for people exiting from PD CRR increased by (.5) years. In PD SL, the length of stay increased minutely, (.1) years.

Program	CRR PD	SL PD	CH ID	SL ID
# of Exits	38	34	1	1
Average Age	38	48	87	50
Average Length of Stay (years)	1.5	2.1	37.8	6.1

The average age of persons exiting from services increased by (10) years in PD CRR and (6) years in PD SL.

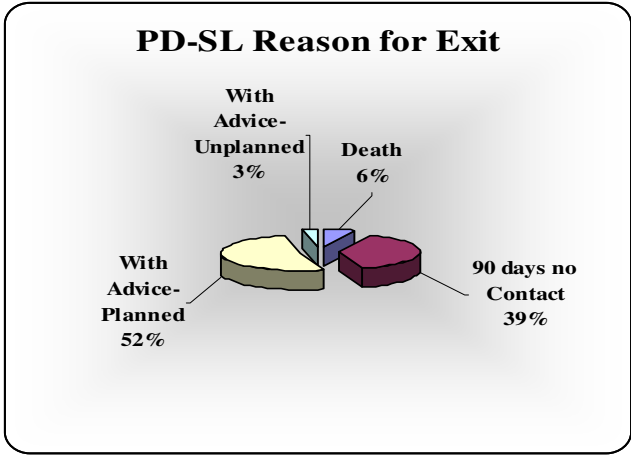
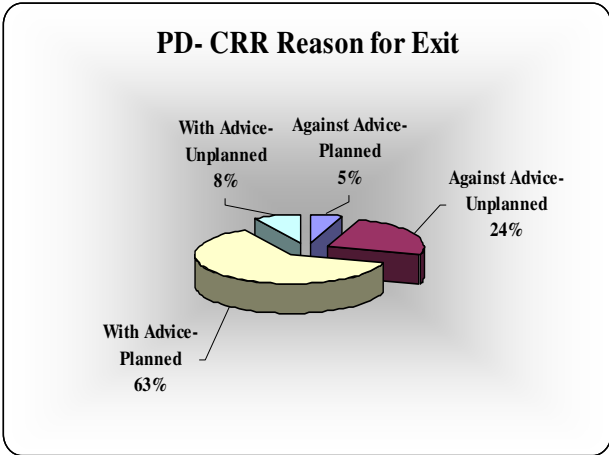
Individuals who exited from PD CRR and PD SL programs moved on to various living arrangements. The charts below summarize the different arrangements. There was no change in the percentage of individuals moving into independent living from CRR. However, due to the more than doubled number of exits this equates to (12) individuals; (7) more than the previous fiscal year. In the PD SL program (17) total individuals, (4) more than the previous year, moved to independent living.

The number of people exiting from CRR to move in with family increased by (2) persons over the previous year's (7).



The category of “Other” accounts for deaths, incarcerations, people moving to reside with a friend, or individuals moving into another residential program. The number of persons who exited CRR programs to ‘Other’ living arrangements increased from (4) in the previous year to (13). There was relatively little change in the category of ‘Other’ for exits from the SL programs in comparison with the previous year.

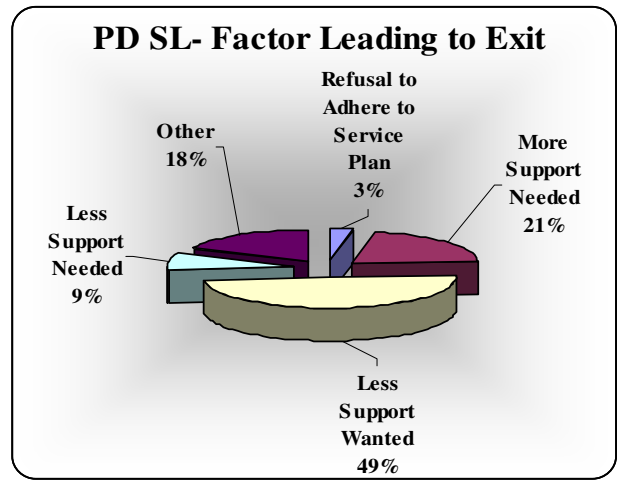
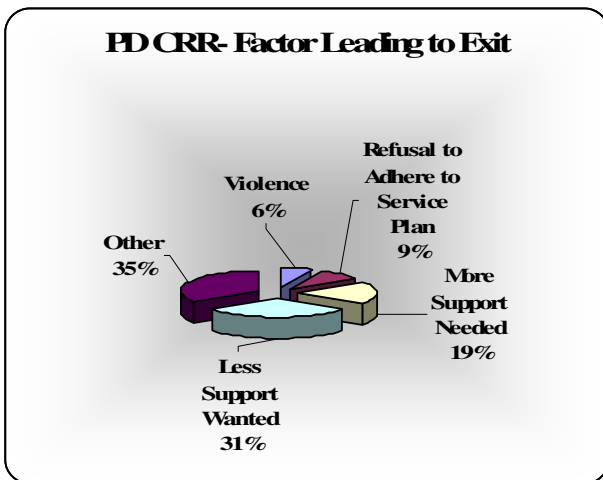
The majority of individuals exiting from both the PD SL and CRR programs made the decision with advice and support from staff. Twenty-six of (38) individuals exited CRR programs with advice and (11) of (16) did so in the previous fiscal year. This is nearly the exact same percentage of individuals for both fiscal years. A different trend was noted in the SL programs. Only (50) percent of the individuals (17/34) exited with advice compared to almost (80) percent (22/28) in the 2009/10 fiscal year. It is not clear exactly why such a change occurred. One factor could be that the number of people who exited due to not having contact for ninety days has increased by (17) percent from the previous year. The reason for this increase could be that the program was not a correct fit for the individual and therefore the person did not meet with staff.



There were a variety of factors that led to exits from services during the 2010/11 fiscal year. The number of people who exited due to wanting less support increased for the PD CRR programs. Fifteen of (38) individuals exited services seeking less support, (39) percent, compared with (4/16) in the previous fiscal year, (25) percent. The PD SL

programs demonstrated a slight decrease, approximately (8) percent. Nineteen of (34) individuals sought less support versus (18/28) in the 2009/10 fiscal year.

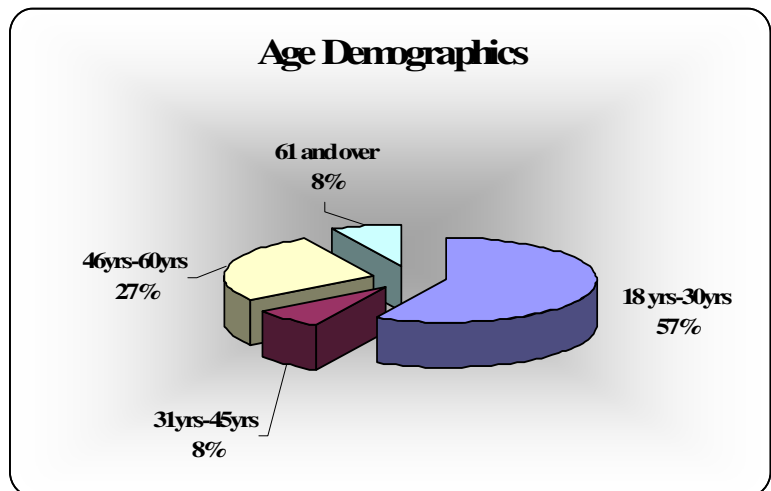
Persons exiting services due to a need for more support increased for PD CRR programs by (3) percent and SL programs by (6) percent in comparison with the previous fiscal year. The category of “Other” includes factors such as refusal to pay rent, moving out of state, death, or change in provider.



Some changes occurred in the factors leading to exits in the Intellectual Disabilities programs in comparison with the previous year. The average age at exit in ID SL increased by (18) years and the length of stay increased from (.6) years to (6.1) years. The average age in the ID Community Homes program increased from (37) years two years ago, to (87) years and the average length of stay increased from (13.6) to (37.8) years. The person in ID SL decided that they wanted less support and the person in the ID Community Homes program needed more support. The steep variances in the demographics are based on only two exits, one occurring in each program.

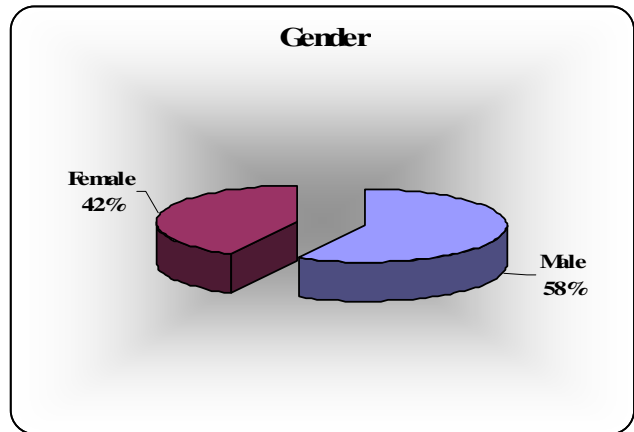
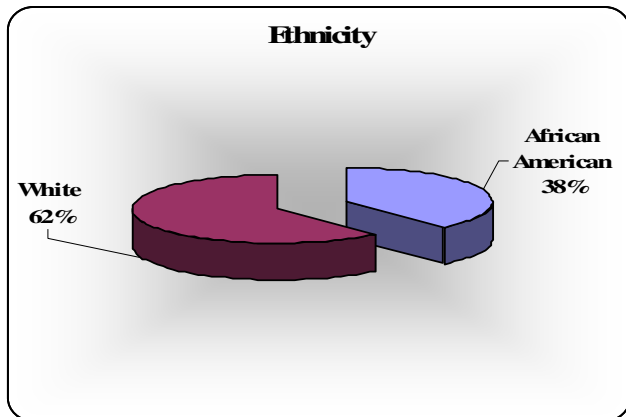
Permanent Supportive Housing (PSH)

In the five years that the PSH program has been in existence, the staff have served over 300 people and have supported and assisted over 200 people in moving to apartments of their choosing. The average length of stay for individuals in the PSH program is over (2.8) years. Length of stay is the amount of time that individuals

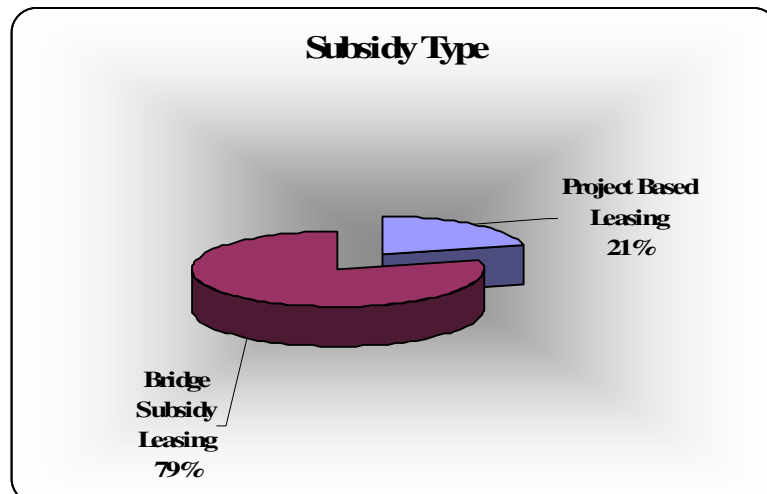


live in the community and receive services from PSH staff. The majority of the persons served admitted to the PSH program are between 18-30 years of age. This number has increased by (26) percent in comparison with the previous year. This could be due to an increase in the number of transition age people beginning to move out on their own for the first time.

The charts below show the gender and ethnicity demographics of the individuals in the PSH program. These numbers are similar to the rest of the agency's demographics.



The PSH program offers two different types of housing: Bridge Subsidy and Project Based Leasing. Both of these programs are based on specific eligibility criteria. In Bridge Subsidy the person leases an apartment directly off of the landlord allowing them to build a rental history as well as their credit. In Project Based leasing the person sub-leases an apartment through Transitional Services. This allows the person to improve their credit and pay back any outstanding utility or Housing Authority debts in order to become eligible for Section 8 or HUD in the future. All persons served sign up for subsidized housing (HUD and Section 8) while in the PSH program in order to eventually receive the subsidy and become more independent. The approximate wait time for an individual to receive a Section 8 voucher or HUD subsidy is two or more years. Approximately (78) percent of people keep services once they have received Section 8 or HUD. This is for the purpose of receiving added support with their housing.



People exiting from the PSH program did so for a number of reasons including receiving another subsidy and no longer needing services, moving in with family or friends, or moving outside of Allegheny County. The program has achieved a (99) percent success rate with assisting individuals to maintain their housing.

Quality Assurance and Improvement

Program and Service Planning Evaluation

The Program Review Team reviewed all of the agency's programs;

- Psychiatric Disabilities Programs:
 - (5) Community Residential Rehabilitation
 - (2) Congregate and Community Supported Living
- Intellectual Disabilities Programs:
 - (2) Congregate Supported Living
 - (2) Community Homes
 - (1) Supported Living
- Permanent Supported Housing Program

The team surveyed and interviewed individuals receiving services, reviewed service plans and made recommendations for improvement to each program as needed. Staff were electronically surveyed about their satisfaction with their programs and the agency overall. No concerns or issues were raised during the fiscal year regarding the usability and accessibility of the survey.

During the 2010/11 fiscal year, the percentage of staff participating in the survey process decreased from (55) percent in the 2009/10 to (52) percent. Recommendations were made to increase participation in the survey. The importance of staff sharing their feedback has also been conveyed. During the 2010/11 fiscal year, program staff participation on agency committees and LRSP teams has decreased to (53) percent, by (3) percent in the 2009/10 fiscal year. This may be due to an increased focus on productivity in the supported living programs, making it difficult for staff to find time to serve on agency committees.

Overall, program staff expressed satisfaction with their teams as well as with the agency. Ninety-eight percent of staff are satisfied with their individual team and (96) percent of staff expressed satisfaction with the agency as a whole. One hundred percent of staff feel they have received timely and good customer service. The following areas were all rated above (88) percent: important information is communicated, staff work together to provide quality care, needs and concerns are responded to, and policies and procedures are followed in a consistent manner. Ninety-seven percent of staff understand their role and how their contributions help the team. Direct service staff indicated awareness of their teams' improvement and LRSP goals. Ninety-seven percent of direct service staff are able to use the Psychiatric Rehabilitation and Self-Determination tools and technology. Ninety-three percent of staff believe that their efforts and contributions have

been recognized and (92) percent felt that misunderstandings were handled in a direct and private manner.

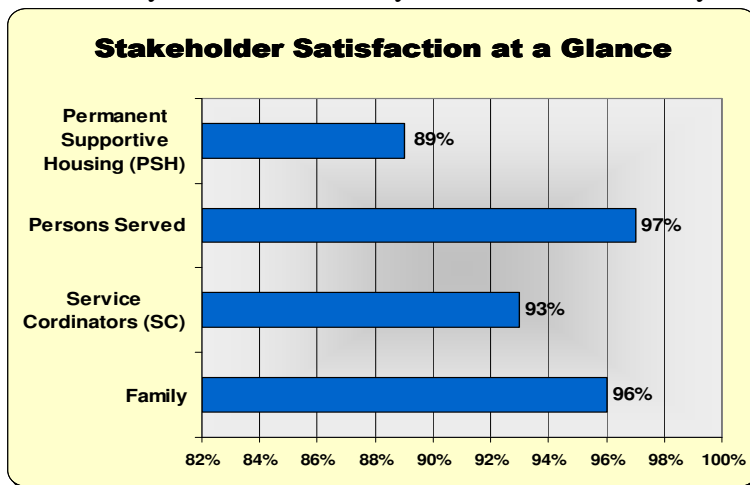
A random sample of (23) percent of all charts for individuals receiving services was reviewed during the 2010/11 fiscal year. The team reviewed assessments, contact notes, Community Integration Plans, and Annual Reviews for completion, timeliness, and thoroughness. Documentation was (91) percent compliant in all areas reviewed. Most programs had either exemplary or improved documentation as compared with the previous year. It is evident from the reviews that staff is competent in completing required documentation in a timely and thorough manner.

Ninety-six percent of all service plans were found to be in compliance with agency standards. Clear success criteria provided in the words of persons served was observed in the service plans.

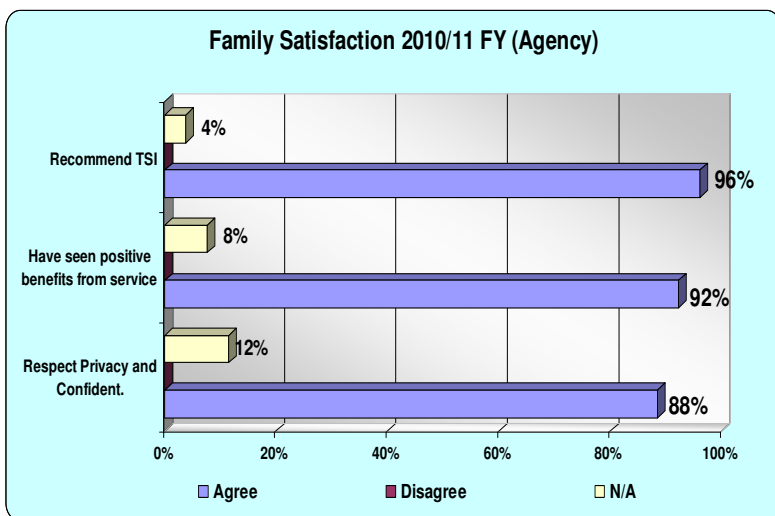
Stakeholder Feedback

Feedback from the people directly involved with collaboratively serving individuals is essential to service improvement. Feedback was obtained from family members, service coordinators and the individuals receiving services to evaluate satisfaction.

Surveys were sent both by mail and electronically to the service coordinators for



individuals in the Psychiatric Disabilities programs. There was an (18) percent return rate this year, down (10) percent from FY 2009/10. Overall, service coordinators were satisfied and would recommend TSI to others. They noted that customer service and collaborating with others to serve the individuals were strengths. It was also mentioned that staff were knowledgeable and professional.



Family and significant others demonstrated a (33) percent return rate. The survey participation and results were consistent with that of the 2009/10 fiscal year. Overall, most families would recommend TSI. Comments made by participants indicated that they are satisfied and thankful for the services their family members are receiving.

Individuals served by TSI provided feedback regarding their satisfaction. Thirty-eight percent of individuals participated in the survey. This is a (26) percent decrease from the previous year. An incentive program will be offered for participants in the 2011/12 fiscal year to increase participation. Results of the survey were consistent with that of the 2009/10 fiscal year.

Twenty-five percent of the individuals served in the PSH Program provided feedback about their services during the 2010/11 fiscal year. Eighty-nine percent indicated that they were satisfied with their housing support services.

EXTERNAL SERVICE PROVIDER COMMENTS

*"A strength TSI has is **continuity of care** and communication."*

*"TSI is **strong in customer service** and collaborating with others to serve the consumer."*

FAMILY MEMBER COMMENTS

*"We feel blessed to be a part of your program. **Our daughter is leading a meaningful life** and is quite happy with efforts of counselors. Thank you."*

*"We know our son would not be **living independently** if he did not have TSI services."*

*"I appreciate the patience and positive support for our son. TSI consistently has tried to do as much as reasonably possible for him to become as independent as his circumstances allow. **TSI persevered when it seemed to be a lost cause.** Both his Dad and I are appreciative for all TSI does in behalf of our son. Thank you for your hard work."*

COMMENTS FROM INDIVIDUALS RECEIVING SERVICES

*"TSI has very good employees. **They are very caring** and go out of their way to help."*

*"I am **very pleased with my TSI worker** and TSI as I continue to make progress since my entry into a CRR."*

*"Staff is professional, courteous and knowledgeable and persistent in helping. I appreciate their efforts tremendously. **Without you I could not be living independently at this level now.**"*

Regulatory Inspections and Monitoring

All licensed programs successfully underwent regulatory inspections conducted by the state and or county monitoring teams. All programs received full licenses and there were no issues identified.

The Quality Analysis Team (QAT) continued to monitor the quality of agency programs and operations. Aspects of the agency's operations monitored throughout the year were: policies and procedures, medication practices, incident management, training and development, and record keeping.

The QAT monitored and analyzed all reportable incidents. Some examples of reportable incidents are hospitalizations, injuries, missing persons, and police involvement. During the 2010/11 fiscal year there was a (17) percent increase in incidents occurring overall in the PD and ID programs. Compared with the previous year, Psychiatric Disabilities programs demonstrated a (32) percent increase in reported incidents. Intellectual Disabilities programs presented a (15) percent decrease in the number of incidents compared to the previous fiscal year. Incidents involving police and medical hospitalizations accounted for the largest increases in the PD programs. The incidents that showed the largest decrease in ID programs were medical hospitalizations, accidental injuries beyond first aid, and missing persons.

Incidents reviewed were determined to have been competently managed by staff and addressed individuals' health, safety and quality of life. All incidents were documented according to policy and corrective action plans were implemented as needed to address identified issues.

Program Outcomes

The following are selected performance measures the agency monitors to evaluate uses to evaluate program operations. Satisfaction, efficiency, effectiveness and access are measured for various programs and services. For a more comprehensive explanation of the agency's performance measures, contact the Quality Department.

Satisfaction

The satisfaction of all stakeholder groups is important. It is expected that (9) out of (10) people will be satisfied with services and recommend them. Ninety-three percent of providers were satisfied with the services during the 2010/11 fiscal year. Ninety-six percent of family members were satisfied with services and would recommend TSI. Persons served by TSI were (97) percent satisfied with the services they received. The satisfaction objectives were met for all stakeholders during the 2010/11 fiscal year.

Efficiency

A stable staffing complement is necessary for trusting relationships to be formed with the individuals served. Efficiency in this area is evaluated by monitoring staff retention rates. Ninety-seven percent of the ID staff remained at the programs, exceeding the goal of (85) percent.

Effectiveness

Understanding the effect of services is essential to delivering quality services. Information is gathered on individuals' illness management, quality of life, and perceived degree of empowerment to determine if the supports staff are providing is benefitting persons served.

Fewer hospitalizations should be experienced by persons receiving services in the PD programs. During the 2010/11 fiscal year (88) percent of individuals served experienced fewer hospitalizations exceeding the goal of (85) percent.

Overall quality of life is an important aspect of recovery as well as a key indicator to determining how people feel about their lives. The goal of (65) percent for persons served in the PD programs experiencing an improvement in their quality of life was exceeded by the both the CRR and SL programs each achieving (90) percent and (100) percent respectively. These are both increases in comparison with the previous year. It should be noted that the number of quality of life evaluations was much lower in the SL program than in the previous year so it is difficult to make a direct comparison.

Empowerment, the feeling that a person has control over their life and decisions, is another significant element of recovery. Staff work with persons served to assist them in learning to advocate for themselves and take control of their lives. The goal for this outcome is (65) percent. Eighty percent of individuals in CRR indicated an increased feeling of empowerment. This is a decrease of (8) percent in comparison with the previous year. No data was available for the PD SL program. This is being looked into currently and will be resolved during the 2011/12 fiscal year.

Access

The ability for referred individuals to be accepted to a program, begin receiving services, or programs operating at full capacity all demonstrate evaluations of access. During the 2010/11 fiscal year, no appropriately referred individuals were denied entry into TSI programs. PD CRR programs operated at (93) percent occupancy while PD SL programs were only at (73) percent of their full capacity. Efforts are being made to obtain additional referrals to increase service utilization.

The final pages of the management report summary provide tables that present additional information on the agency's program performance results.

Performance Results: 2010/11

Program Description: Community Residential Rehabilitation ~ Psychiatric Disabilities Division (CRR ~ PD):
Braddock, Bryant, Greenfield, Island, McLenahan

Performance Results	Min Expect	Goal Expect	Tools Used	Responsible Person(s)	Collected When
Persons served are able to successfully manage their illness.	75 %	85 %	Accounts Receivable Forms	Program Supervisor	Service Exit
Persons served experience improvements in their quality of life.	50 %	65 %	Quality of Life Tool	Clinical Coordinator, CSS, Quality Coordinator, Quality Assistant	Intake, Bi-annually, Annually, Exit, Post
Persons served are empowered to become involved with their rehabilitation.	65 %	85 %	IAPSRS Surveys	Clinical Coordinator, CSS, Quality Coordinator, Quality Assistant	Intake, Bi-annually, Annually, Exit, Post
Persons served are satisfied with their current services.	75 %	85 %	IAPSRS Surveys	Program Review Team	Annually
* Persons served use a variety of recovery and wellness strategies and tools	65 %	75 %	Recovery Tool Tracking Log	Program Supervisor/staff	Monthly/Quarterly
* Individuals are more confident in their ability to recover	55 %	60%	Peer Specialist Services Feedback Form /Interview	CSP Supervisor / Certified Peer Specialist/ Peer Mentor	At completion of Peer Specialist services

* New outcome

Performance Results: 2010/11

Program Description: Community Residential Rehabilitation ~ Psychiatric Disabilities Division (CRR ~ PD):
Braddock, Bryant, Greenfield, Island, McLenahan

Performance Indicators	Goal Expect	1 st Qtr	2 nd Qtr.	3 rd Qtr	4 th Qtr.	Comments
% of persons served that experienced a decrease in or no psychiatric hospitalization while in program	85 %	100%	100%	92%	85%	38 persons exited from services
% of persons served that demonstrated increases in their quality of life	65 %	100%	80%	88%	90%	Information available for 10 persons
% of persons served that indicated increases in their feelings of empowerment	85 %	100%	60%	75%	80%	Information available for 10 persons
% of person served responses that indicated satisfaction with Program	85 %	N/A	98%	-	99%	Information available for all programs.
% of persons served by TSI who have identified Personal Medicine to promote personal recovery and wellness	75 %	87%	78%	-	93%	Info based on all persons served since the introduction of this outcome; includes all admits/exits
% of persons served by TSI who have developed Power Statements to promote personal recovery and wellness	75 %	N/A	N/A	N/A	N/A	*new Outcome in training and implementation stage
% of persons served who have increased hope, confidence, and motivation to work on their personal recovery as a result of partnering with a Certified Peer Specialist.	60 %	N/A	N/A	75%	75%	4 persons completed evaluation. Outcome redesign to occur to address difficulties obtaining data.

Performance Results: 2010/11

Program Description: Supported Living ~ Psychiatric Disabilities Division (SL ~ PD):
Braddock, Dohrman, Island, McKeesport

Performance Results	Min Expect	Goal Expect	Tools Used	Responsible Person(s)	Collected When
Persons served are able to successfully manage their illness.	75 %	85 %	Accounts Receivable Forms	Program Supervisor	Service Exit
Persons served experience improvements in their quality of life.	50 %	65 %	Quality of Life Tool	Clinical Coordinator, CSS, Quality Coordinator, Quality Assistant	Intake , Bi-annually, Annually , Exit, Post
Persons served are empowered to become involved with their rehabilitation.	65 %	85 %	IAPSRs Surveys	Clinical Coordinator, CSS, Quality Coordinator, Quality Assistant	Intake , Bi-annually, Annually , Exit, Post
Persons served are satisfied with their current services.	75 %	85 %	IAPSRs Surveys	Program Review Team	Annually
* Persons served use a variety of recovery and wellness strategies and tools	65%	75 %	Recovery Tool Tracking Log	Program Supervisor/staff	Monthly/Quarterly
* Individuals are more confident in their ability to recover	55 %	60%	Peer Specialist Services Feedback Form /Interview	CSP Supervisor / Certified Peer Specialist/ Peer Mentor	At completion of Peer Specialist services

Performance Results: 2010/11

Program Description: Supported Living ~ Psychiatric Disabilities Division (SL ~ PD):
Braddock, Dohrman, Island, McKeesport

Performance Indicators	Goal Expect	1 st Qtr	2 nd Qtr.	3 rd Qtr	4 th Qtr.	Comments
% of persons served that experienced a decrease in or no psychiatric hospitalization while in program	85 %	100%	94%	89%	90%	35 persons exited from services
% of persons served that demonstrated increases in their quality of life	65 %	N/A	N/A	N/A	100%	Data not available for this program during 3 rd quarter. Only one person completed.
% of persons served that indicated increases in their feelings of empowerment	85 %	N/A	N/A	N/A	0%	Data not available for this program during 3 rd and 4 th quarters. Only one person completed.
% of person served responses that indicated satisfaction with Program	85 %	N/A	100%	-	95%	Information available for two programs.
% of persons served by TSI who have identified Personal Medicine to promote personal recovery and wellness	75 %	41%	57%	-	75%	Info based on all persons served since the introduction of this outcome; includes all admits/exits
% of persons served by TSI who have developed Power Statements to promote recovery and wellness	60 %	N/A	N/A	N/A	N/A	*new Outcome in training and implementation stage
% of persons served who have increased hope, confidence, and motivation to work on their personal recovery as a result of partnering with a Certified Peer Specialist.	60 %	N/A	N/A	100%	100%	One person completed evaluation. Outcome redesign to occur to address difficulties obtaining data.

Performance Results: 2010/11

Program Description: Community Homes ~ Intellectual Disabilities Division (CH ~ ID) Callowhill, Royer

Performance Results	Min Expect	Goal Expect	Tools Used	Responsible Person(s)	Collected When
Individuals live safely in the community.	75 %	80 %	Critical Incident Reports	Coordinator of Quality Operations	Quarterly
Individuals' medications are taken as prescribed.	95%	97%	Med. Incident Reports	Program Supervisor	Quarterly
Individuals have stability with their service provision.	80 %	85 %	Staff Turnover Rates	Human Resources Dept.	Quarterly
Individuals are satisfied with the services they are given.	80 %	90 %	Individual Interviews	Program Review Team	Annually
Family members / friends are satisfied with the services individuals receive.	80 %	90 %	Satisfaction Surveys	Program Review Team	Annually
External service providers are satisfied with the services individuals receive.	80 %	90 %	Satisfaction Surveys	Program Review Team	Annually

Performance Results: 2010/11

Program Description: Community Homes ~ Intellectual Disabilities Division (CH ~ ID) Callowhill, Royer

Performance Indicators	Goal Expect	1 st Qtr	2 nd Qtr.	3 rd Qtr	4 th Qtr.	Comments
% of individuals living safely in the community	80 %	100%	94%	100 %	100 %	17 individuals total.
% of medications monitored accurately	97%	99.8%	99.8%	99.9%	99.9%	56,368 pills monitored
% of staff retained	85 %	100%	100%	100%	100 %	No attrition, 21 total positions.
% of individuals who are at least 80 % satisfied with their services	90 %	100%	100%	-	100 %	Both programs surveyed.
% of family members / friends satisfied with the services individuals receive	90 %	N/A	N/A	N/A	95%	Results obtained in 4 th quarter.
% of external service providers satisfied with the services individuals receive	90 %	N/A	N/A	N/A	100%	Results obtained in 4 th quarter.

Performance Results: 2010/11

Program Description: Supported Living ~ Intellectual Disabilities Division (SL ~ ID):
Community, Congregate (Jancey, Longo)

Performance Results	Min Expect	Goal Expect	Tools Used	Responsible Person(s)	Collected When
Individuals live safely in the community.	75 %	80 %	Critical Incident Reports	Coordinator of Quality Operations	Quarterly
Individuals have stability with their service provision.	80 %	85 %	Staff Turnover Rates	Human Resource Dept.	Quarterly
Individuals are satisfied with the services they are given.	80 %	90 %	Individual Interviews	Program Review Team	Annually
Family members / friends are satisfied with the services individuals receive.	80 %	90 %	Satisfaction Surveys	Program Review Team	Annually
External service providers are satisfied with the services individuals receive.	80 %	90 %	Satisfaction Surveys	Program Review Team	Annually

Performance Results: 2010/11

**Program Description: Supported Living ~ Intellectual Disabilities Division (SL ~ ID):
Community, Congregate (Jancey, Longo)**

Performance Indicator	Goal Expect	1st Qtr	2nd Qtr.	3rd Qtr	4th Qtr.	Comments
% of individuals living safely in the community	80 %	100%	100%	100%	100%	35 individuals
% of staff retained	85 %	100%	100%	100%	93%	15 total positions. One staff vacated in 4 th quarter.
% of individuals who are at least 80 % satisfied with their services	90%	N/A	N/A	91%	91%	Information available in the 3 rd quarter
% of family members / friends satisfied with the services individuals receive	90%	N/A	N/A	N/A	95%	Results obtained in the 4 th quarter
% of external service providers satisfied with the services individuals receive	90%	N/A	N/A	N/A	100%	Data collected in the 4 th quarter

Performance Results: 2010/11

Program Description: Permanent Supported Housing

Performance Results	Min Expect	Goal Expect	Tools Used	Responsible Person(s)	Collected When
Individuals successfully maintain residence in apartments of their choice in the community.	Measure 12mos	Measure 15mos	PC PSH Discharge Report / PD Program Admission Report	PSH Project Director/Clearing House Manager	Quarterly
Individuals living in the community do not experience evictions from their apartments.	90 %	95 %	Tool / Landlord reports	PSH Project Director/Clearing House Manager	Monthly/Quarterly
Individuals are satisfied with their current housing support services.	75 %	85 %	Housing Satisfaction Survey	Program Review Team / Quality staff	Annually
Individuals use a variety of recovery and wellness strategies and tools.	65 %	75 %	Recovery Tool Tracking Log	Program Supervisor/staff	Monthly/Quarterly

Performance Results: 2010/11

Program Description: Permanent Supported Housing

Performance Indicators	Goal Expect	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	Comments
Length of tenancy in community apartment	15mos	27mos	29mos	32mos	34mos	Information for 140 persons served
% of individuals living in an apartment in the community that have not been evicted	95 %	99%	99%	100%	99%	No evictions during the 3rd quarter and 2 evictions during 4th quarter
% of individuals' responses that indicated satisfaction with Program	85 %	N/A	N/A	N/A	89%	Survey results available for the 4 th quarter.
% individuals who have identified Personal Medicine to promote personal wellness and recovery	75%	39%	39%	-	88%	Information available for all persons served by program since the introduction of this outcome
% individuals who have developed Power Statements to promote personal wellness and recovery	75%	N/A	N/A	N/A	N/A	*new Outcome in training and development stage