

— A N N U A L —

# *Management Report*

FISCAL YEAR 7/1/09 TO 6/30/10



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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 2010 Management Report Summary Report Fiscal Year 7/1/09 to 6/30/10**

### **Executive Summary**

The 2009/10 fiscal year presented Transitional Services with opportunities as well as challenges. Despite a struggling economy, funding cuts and uncertainties, the organization remained viable, stable, and successfully undertook new projects and endeavors.

In order to celebrate forty years of successful business and to create greater visibility in the Homestead area, new signs which enhance the historical façade of the administration and program buildings were constructed and put into place during the year.

This year marked the completion of year-one of the Long Range Strategic Plan (LRSP) which was developed during the 2008/09 fiscal year to guide the growth of the organization for the next three years. Each LRSP team completed tasks during the year which enabled them to work towards full realization of the three-year goals. Teams worked on a variety of goals throughout the year which include; improving recruitment strategies, the hiring of a development specialist (fundraiser), ensuring financial solvency despite changing economic and funding conditions, and emphasizing the personal wellness of both persons served and employees. (Refer to page (5) for a detailed description of year one of the LRSP and the accomplishments made by all departments.)

In November of 2009, all programs participated in a review conducted by the Commission on Accreditation of Rehabilitation Facilities (CARF). Following successful completion of the review, Transitional Services received its fifth consecutive three-year accreditation from the organization, spanning through December of 2012. The achievement of this accreditation highlights Transitional Services' continuous dedication and commitment to improving the quality of life of persons it has the privilege to serve.

During the 2009/10 year, the program department focused a considerable amount of effort and energy into the area of enhancing wellness for persons served. This effort came in part, as a response to recent statistics revealing a 25-year life span discrepancy for individuals living with a psychiatric disability. Methods of increasing wellness included the offering of arthritis exercise classes and yoga classes. Yoga classes were offered as a co-learning opportunity, and as a result both persons served and employees participated together in these classes. Another opportunity for co-learning was made possible through Personal Medicine trainings offered as part of the organization's participation in the statewide Recovery Learning Collaborative. Partnership with the Recovery Learning Collaborative offers Transitional Services the opportunity to work with other service providers along with Community Care Behavioral Health Organization to most effectively and successfully implement the Personal Medicine philosophy and tools to promote individuals' efforts to recover on their own terms. During this fiscal year, Personal Medicine was successfully implemented throughout all programs serving persons with psychiatric disabilities.

The partnership with the Center for Psychiatric Rehabilitation and Boston University was successfully continued this year, with an emphasis on continuing to integrate Psychiatric Rehabilitation Approach tools and methods into all aspects of programs serving individuals with psychiatric disabilities to continue the work of becoming a fully recovery-oriented organization.

During the 2009/2010 fiscal year the Permanent Supportive Housing (PSH) program continued to successfully support 145 individuals living independently in the housing of their choice throughout Allegheny County. During this year, funding for the grant was renewed through June of 2014. In addition, this program received a three-year CARF accreditation as a provider of Community Services: Supportive Housing. This year marked the first time the program participated in the CARF review process.

Similar to the goals of the program department, the human resource department also focused on health and wellness. The department offered new informational sessions to staff pertaining to a variety of wellness topics and distributed printed materials related to these topics throughout the fiscal year. In addition, the department was able to improve the hiring and recruitment process by successfully reducing the average length of time involved in bringing new employees on-board. The human resources department implemented a new electronic benefits system at the close of the year, which allows employees to independently access and enroll into the benefits packages provided by the organization.

The fiscal department continued the process of implementing new accounting software. The new software is being utilized to determine and monitor the productivity of programs throughout the organization as well as manage the agency's fiscal operations. The full implementation of the productivity tracking continues to be on-going due to challenges encountered with the interface with other existing software. It is expected that full implementation will be completed during the 2010/11 fiscal year.

In order to facilitate organizational growth and increase funding sources, a Development Specialist was selected and hired in August of 2009. The Development Specialist worked to develop the "New Start" fundraising initiative which was designed to supply persons served moving into independent living with funds to purchase household supplies. In addition, a transportation grant was secured to provide persons served transportation options and some relief from those costs associated. The Development Specialist will continue to manage the organization's annual fundraising campaign, work to secure additional grant funding, and increase the organization's presence in the community.

During the fiscal year, the organization hosted and participated in a variety of community events. In September of 2009, a third annual art show was held at a local gallery. The event included the showing and sale of art pieces submitted by various artists. In addition, a celebration marking the 40th anniversary of Transitional Services was included during the closing ceremony of the month-long event. Participation in the Western PA NAMI walk was another highlight of the organization's participation in community events during the year. A team of employees participated in the October event and was among the top ten fundraising teams.

Members of the leadership team continued to show a dedication to service through participation on external task forces, provider stakeholder groups, and coalitions working to influence system-wide decisions impacting disability and housing services. In addition, the Chief Executive Officer remained the acting president of the Homestead-area Economic Revitalization Corporation and served as a delegate and Treasurer on the board of the Mon Valley Initiative.

## I. Long Range Strategic Plan (LRSP)

The LRSP identifies nine (9) areas essential to the balanced development of the organization's program services and business operations. The LRSP continued to be developed and implemented through the efforts of both direct care staff and the leadership of the organization holding true to the concept of "together we achieve more."

During the 2008/09 fiscal year, a new three-year LRSP was developed to establish far-reaching goals and guide efforts to further advance the newly established mission and vision. The conclusion of this fiscal year marked the completion of year one of the LRSP. All identified objectives will continue to move forward over the remaining two years until achieving completion and full implementation in June of 2012.

The Board of Directors conducted its annual review of the LRSP in May of 2010 and approved it without recommendations for change.

Below are highlights of the strategic objectives the teams are currently working to realize. The complete LRSP is available upon request. Items that have a (++) indicate achievement of an objective. A (+) rating indicates partial completion during the fiscal year and that efforts will continue to accomplish completion. It should be noted that each of the areas identified requires the completion of multiple tactics to successfully achieve an objective.

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

- Conducted an internal job fair to improve recruitment
- Implemented new, more efficient practices to shorten the time involved in the recruitment process
- Educated the leadership about the multiple uses and benefits of the available services through the Employee Assistance Program
- Provided health/wellness related articles and information to employees and conducted a survey to identify employee preferences in those areas

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

- Hired a Development Specialist to oversee agency fundraising efforts
- Developed a formal fundraising plan with participation from the Board of Directors
- Implemented a plan to continue to increase support for the Community Partners Fundraising Concert to include targeted support by the board, employees and vendors
- Increased both the number of employees contributing to TSI and the amount of money received
- Offered Good Search / Good Shop as another vehicle to generate monetary support

- C. FINANCIAL (BUSINESS PLAN / SOLVENCY): Transitional Services, Inc. will have developed a specific plan to address solvency, support organizational growth and diversification. (TSI will reduce/remove cost gaps and increase revenue) (+)**
- Updated the service descriptions to better demonstrate the value of TSI's services
  - Developed a process to ensure services draw the maximum revenue and are delivered according to funding level
  - Established a best practices subcommittee to incorporate successful practices from the Intellectual Disabilities Supported Living program into the Psychiatric Disabilities Supported Living program to improve productivity and a productivity committee to examine capacity
  - Attended HUD conferences to learn how to better leverage resources to support the HUD properties
  - Improved capture of HUD management fees and implemented strategies to improve cash flow
- 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 (+)**
- Drafted a master plan for the development of a Speakers Bureau
  - Created a plan to develop and broaden community involvement and increase provider organization support for the Annual Art Show
- E. FACILITIES (ARCHITECTURAL): Transitional Services, Inc. will have developed additional housing opportunities for individuals served through increased community visibility (+)**
- Purchased new business signage to increase visibility of TSI's main administrative office
  - Improved internal advertisement of housing options and current landlords used by Supported Living and the Permanent Supportive Housing Programs
- 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 (++)**
- Researched improvement options and enhancements for TSI's website
  - Took initial steps to create a repository of mental health articles and resources to educate about the impact of stigma and need for wellness
  - Promoted TSI's 40th Anniversary and related events
- G. COMMUNICATIONS (TECHNOLOGY): TSI will have increased the organization's capacity to use technology in its work, communicate with leadership more effectively and to make electronic resources available to staff and the individuals served (+)**
- Surveyed employees to determine barriers to effective communication and took steps to target and address them
  - Developed and finalized a staff computer/technical competency evaluation tool
  - Developed and implemented a new layout for the agency's computer network approved by senior leadership

- 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 (+)**
- Investigated transportation programs in various communities where persons served reside to identify new potential resources
  - Mailed transportation information to persons served in conjunction with activity announcements
  - Took initial steps to provide transportation information on the agency website
  - Contacted two organizations who provide mobility training to seek as a resource
- I. PROGRAM: Transitional Services, Inc. will have enhanced the services it provides to support the rehabilitation and habilitation needs of persons served (++)**
- Rewrote several job descriptions and appraisals to better incorporate the Psychiatric Rehabilitation Approach (PRA) as the agency's service delivery model
  - Implemented a competency-based coaching process
  - Shared PRA success stories throughout the agency
  - Certified two staff trainers through the Arthritis Foundation and held two arthritis exercise classes
  - Created a Self-Advocacy binder for persons with Intellectual Disabilities (ID) and developed a sensitivity training to address stigma
  - Provided education to ID staff on mental illnesses and offered increased clinical support
  - Provided opportunities for educational and enrichment co-learning experiences between staff and persons served

## **II. Program Updates and Information**

The composition of, and access to TSI's programs remained unchanged during the 2009/10 fiscal year. Housing supports and services were provided to over (375) individuals during the past year, which includes (145) individuals served through the Permanent Supportive Housing program.

### **HOUSING AND SUPPORT SERVICES FOR INDIVIDUALS WHO HAVE PSYCHIATRIC DISABILITIES (MH) OR INTELLECTUAL DISABILITIES (MR):**

- ◆ **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.

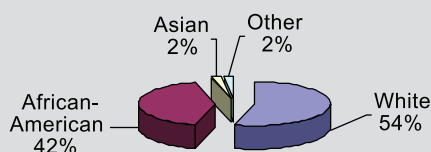
TSI provides services in a variety of locations in and around the city of Pittsburgh and Allegheny County. Several of the areas are: Highland Park, McKeesport, Bethel Park, Baldwin, McKees Rocks, Oakland, South Side, East Liberty, and East Pittsburgh.

## Admissions

Forty-eight persons were admitted to programs during the 2009/2010 fiscal year, this represents no change from admission activity during the 2008/2009 year. The majority of admissions were to programs that provide psychiatric disability support services. Two admissions were to the Supported Living program for individuals with intellectual disabilities; this number remains unchanged from the previous fiscal year.

The following tables and charts provide a visual summary of the agency admission activity and demographics.

### Agency Admission Demographics



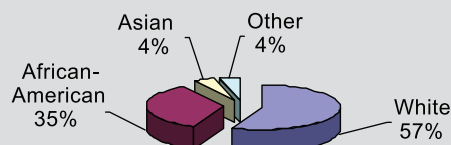
### Gender



### Demographics - CRR PD



### Demographics - SL PD



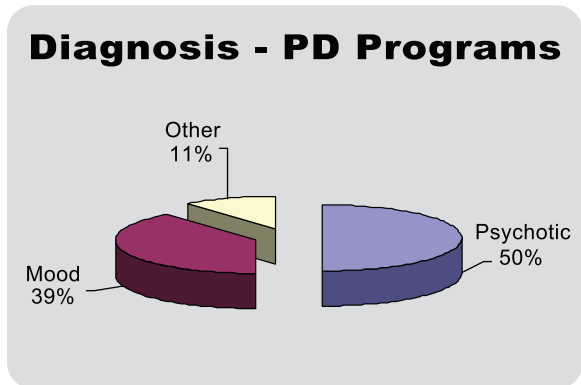
| Program         | CRR PD | SL PD | CH ID | SL ID |
|-----------------|--------|-------|-------|-------|
| # of Admissions | 23     | 23    | 0     | 2     |
| Average Age     | 31     | 42    | n/a   | 42.5  |

TSI's licensed Community Residential Rehabilitation programs for individuals with Psychiatric Disabilities (CRR PD) attained a (93) percent occupancy level for the fiscal year, a (2) percent increase from the previous year. This is an excellent achievement since the occupancy level must be maintained at a minimum of (90) percent for the agency to be eligible to retain any revenue generated.

The Supported Living programs for individuals with Psychiatric Disabilities (SL PD) achieved an occupancy level of (73) percent. This number represents a (4) percent decline when compared to the previous year. The decline in Supported Living program occupancy can be attributed to staff turn-over

experienced during the year. The lower occupancy levels are an important issue that the agency is actively working to address through multiple efforts.

Individuals admitted to programs providing services for Psychiatric Disabilities predominantly had a diagnosis of psychotic disorder, (50) percent. This represents a (10) percent decrease from the previous year. Persons with a primary diagnosis of mood disorder accounted for (39) percent of admissions. Examples of some of the disorders included in the category of 'Other' are: Pervasive Development Disorder, Factitious Disorder, and Attention Deficit Hyperactivity Disorder.



All referrals to Psychiatric Disabilities programs and services this year continued to come directly from the county. This appears to be a permanent change in the way referrals are received by the organization, and has placed some limitations on the organization's ability to provide differing levels of service to persons, when doing so would seem appropriate. Regardless of the challenges presented by the referral process, staff have worked to ensure that each person served received the best, most person-centered admission experience possible.

Individuals referred by the county to the Psychiatric Disabilities programs came primarily from state and local psychiatric hospitals, (60) percent. The other (40) percent of individuals entering programs came from general state and county referrals for services.

Consistent with admission practices of the previous year, no appropriately referred persons were denied admission to programs and services during the 2009/2010 fiscal year.

## Exits from Service

A total of (46) individuals exited from TSI's services during the 2009/10 fiscal year. This is a (25) percent decrease over the previous year. A decrease in exits from service was seen in all areas of service offered when compared to the previous year. There were (6) fewer exits from service in the CRR PD programs, (4) fewer exits from the SL PD programs, (2) fewer exits from the CH ID programs, and (3) fewer exits in the SL ID programs.

When compared to the previous fiscal year, the average length of services persons received prior to exit decreased in all areas of service. In CRR PD programs, persons experienced a reduction of (1.5) years in their lengths of stay. Persons participating in SL PD services remained approximately one less year and persons in SL ID services exited about (10.5) years earlier during this fiscal year. The decreases in lengths of stay experienced by individuals has some correlation to the number of persons leaving service after somewhat brief periods of time. Six persons remained in service for less than (3) months prior to exit from services, and a total of (13) persons remained in service for less than (6) months. The brief lengths of stay experienced by individuals can be attributed to several factors including; the program offered not fitting the needs/desires of the individual, persons choosing to move outside of the county, and persons seeking independent or family living arrangements.

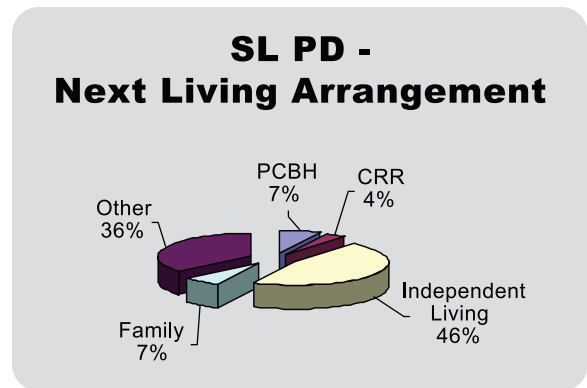
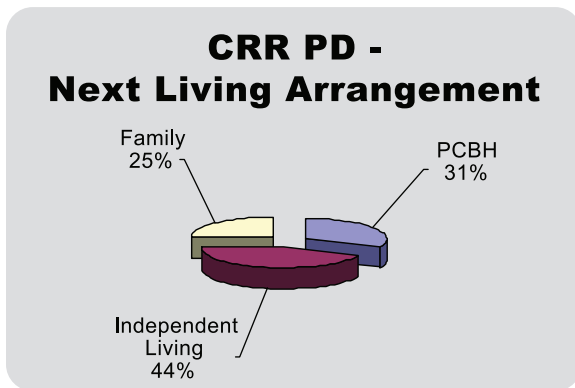
The average age of a person at the time of exit from services fluctuated as well when compared to the previous fiscal year. The most significant changes occurred in the CRR PD programs and the SL ID

programs. The average age of an individual at time of exit decreased by an average of (11) years in the CRR PD programs and by an average of (26) years in the SL ID programs. A possible explanation for the reduction in age at time of exit for persons receiving CRR PD services could be the increase in the number of transition age adults being served by these programs. Many transition age adults (young adults age 18-26 years) experience their first adult living situation upon admission. Some young adults have experienced difficulty with budgeting their income in order to pay rent, maintaining positive relationships with roommates and neighbors, and with adhering to program (TSI, HUD, etc.) housing requirements and regulations.

Difficulties experienced have at times led individuals to move on to more desired housing situations. The reduction in age at time of exit from SL ID programs can be attributed to the fact that only a small sample (2) persons exited from the program during this fiscal year, one of whom was only twenty-one years old at time of exit. The average age of a person at time of exit from SL PD programs remained consistent.

| Program                        | CRR PD | SL PD | CH ID | SL ID |
|--------------------------------|--------|-------|-------|-------|
| # of Exits                     | 16     | 28    | 0     | 2     |
| Average Age                    | 28     | 42    | n/a   | 32    |
| Average Length of Stay (years) | 1      | 2     | n/a   | .6    |

Individuals who exited from CRR and SL PD programs went on to live in various living arrangements as can be seen by the charts shown below. There was a decrease in the percentage of individuals exiting services to live independently in the community (13) percent. The decrease is accounted for primarily by the demonstrated increase in the in the number of individuals exiting services to live with family members, this number increased by (11) percent when compared to the previous year.

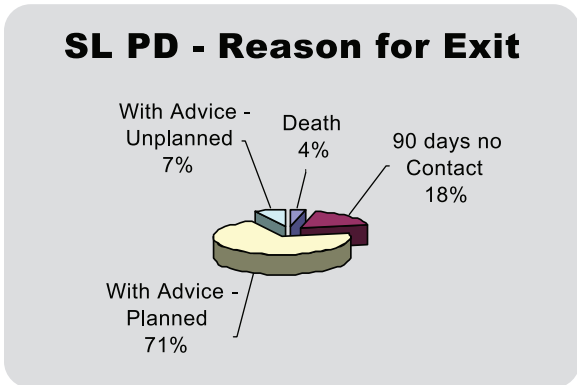
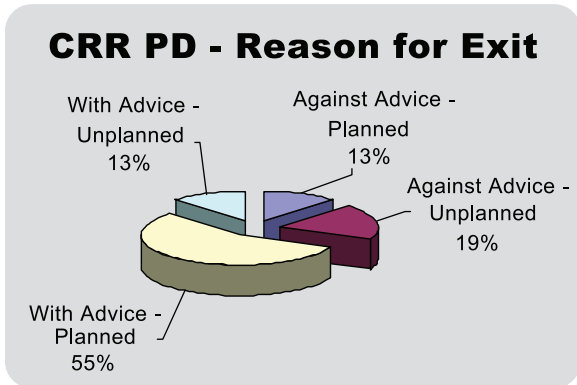


Another factor contributing to the overall decrease in the number of persons leaving to live independently was the number of persons who exited to other living arrangements. The category of 'Other' accounts for persons exiting services due to incarceration, death, residing with a friend or going to live in another residential service program. During the 2009/2010 fiscal year this number increased by (16) percent.

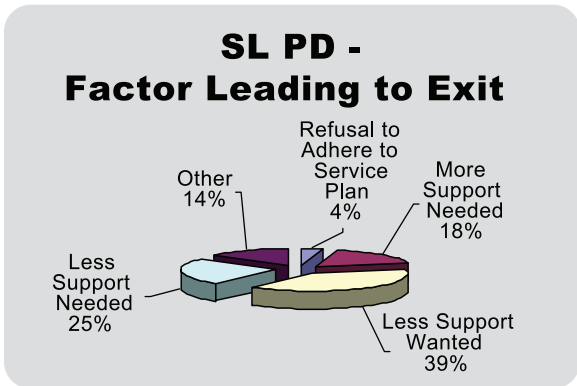
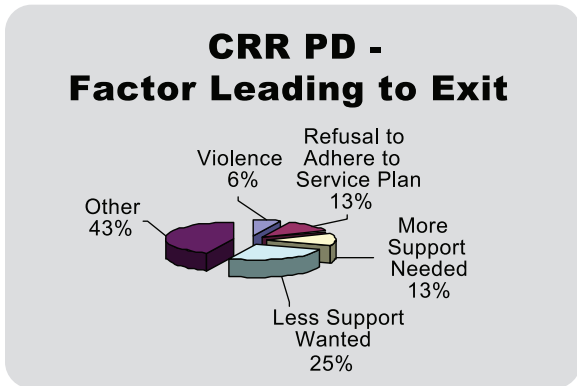
Seventy-five percent of the individuals served by CRR and SL PD programs who exited services made their decisions with advice and followed the guidance of their support team. This represents a significant

increase, (21) percent, over the previous year. It is speculated that increased emphasis on each individual’s specific needs and desires has led to more agreement with guidance offered. Only a small number of persons, (11) percent made decisions regarding their exit from services which differed from the advice of their support team.

Most exits from service over the course of the year were planned events with the exception of deaths or when individuals chose not to meet with staff prior to exit. Persons served choosing to withdraw from services abruptly without meeting with staff continued to be the primary reason for unplanned exits. Overall, (75) percent of individuals exiting from services did so with an established support and exit plan. This represents a (7) percent increase over the previous year.



Persons served by CRR and SL PD programs chose to discontinue services due to a variety of factors throughout the year. About half, (50) percent, of all persons served exited services due to their expressed requests to receive less support in their living arrangement. This number is a slight decrease from the previous year when (57) percent of individuals exited services in order to receive less support.



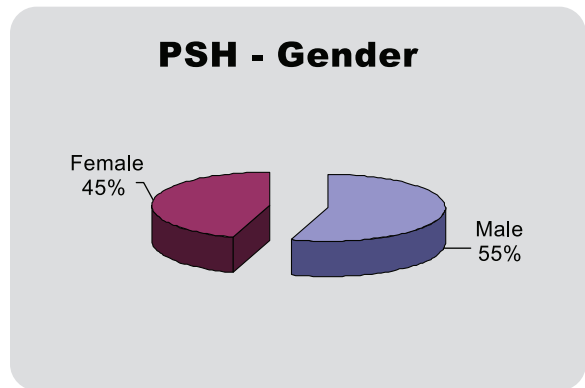
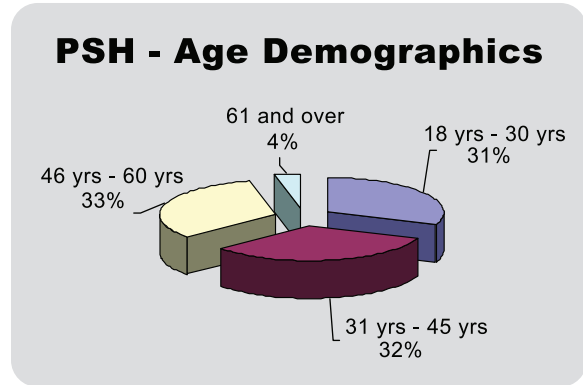
Persons exiting services this year in order to receive more support in their living arrangement decreased when compared to the previous year. Overall, there was a (7) percent decrease in the number of persons who stated that they either needed or wanted more support. Factors in the category of ‘Other’ include: moved out of state, refusal to pay rent, change of provider and death.

There were only a few changes in the reasons and factors for exit from the Intellectual Disabilities programs compared to the previous fiscal year. The average age of persons exiting from services in the SL ID division dropped from (58) to (32) years and the length of stay decreased from (11.4) years to (.6)

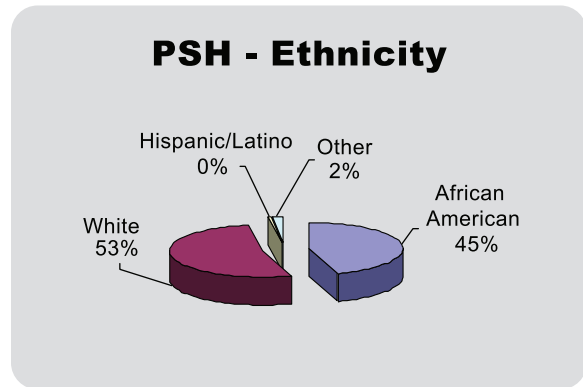
years. This dramatic change in the length of stay can be attributed to one individual remaining in service for a very brief period of time due to the person choosing to relocate outside of Allegheny County.

## Permanent Supportive Housing Program

Since its inception the PSH program has supported over 200 individuals in identifying and moving into the housing of their choice. The average length of stay for a person receiving services from the program is (2) years. The PSH program serves persons who are eighteen years of age or older.



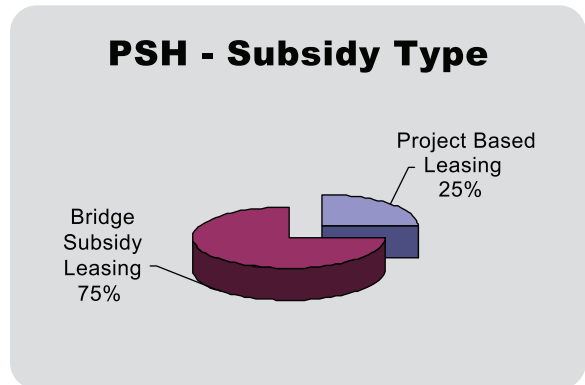
Males and females are served in similar numbers by the program with slightly more males receiving services.



The ethnicity or racial background of persons served by the program is similar to that of the other services provided by TSI. Consistent with the racial demographics of Allegheny County, the majority of persons served by the PSH program are of either African American or Caucasian ethnicity.

Two types of housing/ rental options are available to individuals through the PSH program. Based on eligibility, persons have the opportunity to participate in either the Bridge Subsidy Leasing program or the Project

Based Leasing program. Individuals participating in the Bridge Subsidy program lease apartments directly from community landlords, enabling them to build a rental and credit history. Persons served by the Project Based Leasing program are able to sub-let individual apartments from TSI as they work to rebuild a credit and rental history. Persons leasing from both program have had the opportunity to move on to receive different types of housing subsidies (Section 8, HUD, etc.) thus furthering their independence as tenants.



Overall, persons have chosen to move on from PSH services to different housing options for a variety of reasons including: the desire to receive less support, no longer needing or wanting the housing subsidy funds, moving in with family members/ significant others, and moving outside of Allegheny County. Of persons who have chosen to remain in housing, an overall (93) percent success rate of maintaining tenancy has been achieved.

## 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 of which (2) deliver supported living services
  - ◇ (2) Congregate and Community Supported Living
- ◆ Intellectual Disabilities Programs:
  - ◇ (2) Congregate Supported Living
  - ◇ (2) Community Homes
  - ◇ (1) Supported Living
- ◆ Permanent Supportive Housing Program

The team continued to survey and interview persons receiving services, evaluate service plans and review planning recommendations. All program staff were provided with a formal opportunity to give feedback about their program and the agency.

During the 2009/10 fiscal year, the percentage of staff participating in the survey process decreased from (76) percent in the 2008/09 fiscal year to (55) percent. A new method for conducting the staff satisfaction survey was implemented during this fiscal year; all team members were surveyed electronically via SurveyMonkey instead of through the use of paper surveys. Some difficulties were experienced by staff regarding the new method of survey collection so technical support has been provided to assist them. It is expected that participation will increase as a result of this support. Fifty-six (56) percent of all program staff participated on agency teams or committees. This is a twelve (12) percent increase from the previous year's participation rate. During the year, staff members showed an increased interest in participating on LRSP teams and with planning for the future growth of the organization.

The results of the survey remained mostly consistent with the previous year. Survey results indicated that employees are satisfied overall with the programs in which they work and the agency as a whole. One hundred percent of the survey responses indicated satisfaction with the agency and the program staff's ability to utilize Psychiatric Rehabilitation tools to best support persons served. Ninety-five percent of the responses showed a high level of satisfaction with the agency's recognition practices, the communication of important agency information, the quality of employee customer service, and knowledge about the implementation of LRSP goals. An (88) percent minimum satisfaction level was achieved with: consistency in the manner in which policies, procedures and ethical guidelines were adhered to, staff's ability to work together as a cohesive team to ensure quality care is provided to persons served, the direct and private handling of misunderstandings, and the extent to which employee needs and concerns are responded to by leadership. No areas surveyed received less than an (88) percent satisfaction rating.

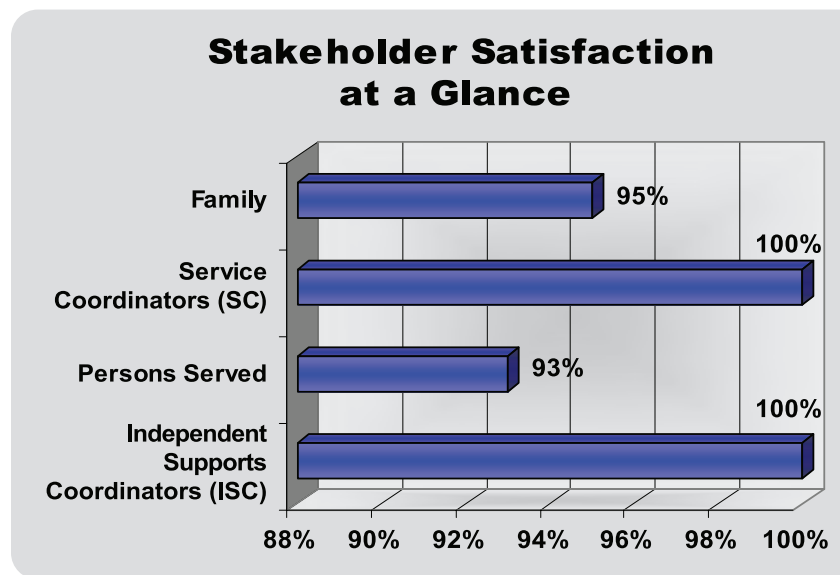
Employee satisfaction reported by staff working in programs for persons with intellectual disabilities was especially high, (99) percent for all areas surveyed. This is a (6) percent increase in satisfaction over the previous year.

A random sample of forty (30) percent of all charts of persons receiving services was reviewed during the 2009/10 fiscal year. Charts were reviewed and assessed to determine the presence, timeliness, and thoroughness of objective plans, progress notes, and the utilization of Psychiatric Rehabilitation methods and techniques. All documentation reviewed was at least (88) percent compliant in all areas assessed. All service plans reviewed addressed the self-identified needs of each individual as well as the personal goals each desired to achieve. All service plans reviewed achieved at least (91) percent compliance in all areas assessed. It is clear through review of the documentation that all individuals clearly participated in the development of their individualized plans and indicated success criteria based on personal standards.

Overall, findings of chart reviews indicate that staff understand TSI's record keeping standards and are documenting well according to the agency's established practices.

### Stakeholder Feedback

TSI remained focused on gaining information and feedback from all individuals directly and indirectly involved with services. Feedback and input was solicited from all stakeholders: external service providers, individuals receiving services, and family members and support persons of those receiving services.



**Service Coordinators – Psychiatric Disabilities Programs:** Surveys continued to be distributed electronically during this fiscal year. Participation was consistent with the previous year. Twenty-eight percent of the surveys were returned in 2009/10 a (1) percent increase from the previous year.

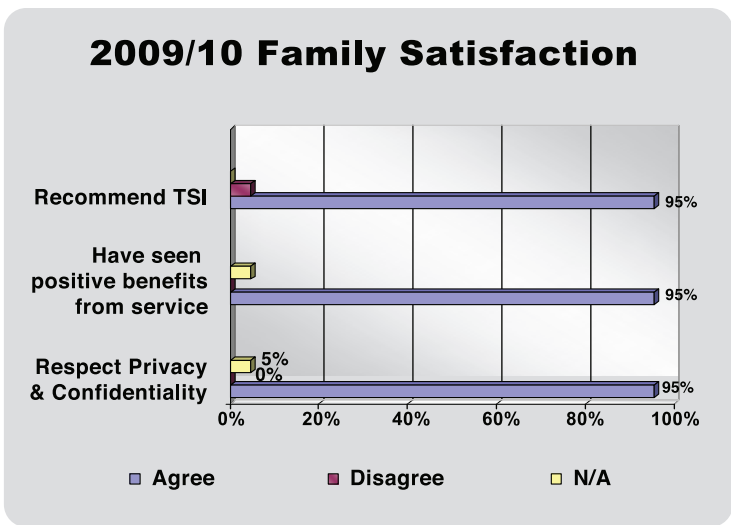
The overall result of the survey was very positive. All persons responding to the survey stated that they would recommend the services offered by Transitional Services to others.

**Supports Coordinators – Intellectual Disabilities Programs:** Independent supports coordinators who work with individuals served in the Intellectual Disabilities programs highly rated the quality of the services delivered. For the fourth consecutive year, respondents of the survey did not express dissatisfaction with any of the items on the survey. However, the surveys were only returned for one of the programs, and therefore cannot be accurately applied across all programs. Thirty-three percent of the supports coordinators responded to the survey which is a (20) percent increase when compared to the previous year. The organization continues to make attempts to collect the maximum amount of survey responses possible. It has been speculated that the reason behind the majority of independent supports coordinators not returning satisfaction surveys has to do with ever-increasing administrative demands and time constraints.

Family members and significant others also provided feedback regarding services. This stakeholder group presented a (30) percent survey response rate, consistent with that of the previous year. Consistent with previous years, family members expressed a high degree of satisfaction with services and the overall quality of care. The (95) percent rating for recommendation of services was consistent with 2008/09 fiscal year survey results.

Family member comments did not indicate any specific trends for improvement. Comments were made about providing more assistance with socialization and general concerns about a family member’s move to a more independent living environment.

Looking at the satisfaction of all the individuals receiving services, (64) percent participated in the program satisfaction survey process. This is a (10) percent increase in participation from the previous year. Individuals reported near identical rates of satisfaction when compared to the previous year.



## EXTERNAL SERVICE PROVIDER COMMENTS

*"TSI did a good job of notifying service coordinator about issues with person being served and worked collaboratively."*

*"TSI has good staff, offers a variety of community activities to residents, and conducts good record keeping."*

*"I am always contacted with pertinent information."*

## FAMILY MEMBER COMMENTS

*"My family member has lived at TSI for many years. It has made her independent and happy. Thank you."*

*"TSI has been there for my son for years. I can find not a thing that needs to change."*

*"My brother has built confidence in himself that I have never seen before. I have seen improvements big and small every time I see or talk to him. I can only say TSI staff are angels with big hearts. Thank you for giving my brother a life."*

## COMMENTS FROM INDIVIDUALS RECEIVING SERVICES

*"I feel TSI has been there for me when I need help. TSI cares about clients."*

*"Staff are always helpful and considerate. They have and continue to help me in difficult times."*

*"Today, I feel my life has improved significantly due to TSI staff. The staff is professional, kind and understanding. They have helped me improve my life."*

## Regulatory Inspections and Monitoring

All licensed programs successfully underwent regulatory inspections conducted by the state and or county monitoring teams. In addition to regular state and county monitoring processes, the organization also underwent a CARF review during the fiscal year. Transitional Services received its fifth consecutive three-year CARF accreditation following the review.

TSI's Quality Analysis Team (QA) continued monitoring the quality of the agency's programs and operations. Aspects of the agency's operations that were monitored during the year include; policies and procedures, training and development, record keeping, medication practices and incident management, to name several.

The QA team continued its practice of completing individual analysis of all reportable incidents. Some examples of reportable incidents reviewed are: hospitalizations, injuries, missing persons, police involvement. The 2009/10 fiscal year presented a (41) percent decline in the overall number of incidents. This number represents a (36) percent decline in incidents occurring in Psychiatric Disabilities programs and a (47) percent reduction in the occurrence of incidents in the Intellectual Disabilities programs. Incidents falling into the following categories experienced the most dramatic declines during this fiscal year: medical hospitalizations, emergency room visits, suicide attempts, and incidents of injury beyond first aid. A couple of reasons for the significant declines in the number of incidents during this fiscal year are; the modification to the reporting criteria for incidents in the SL ID programs and the exit of individuals from both the ID and PD programs that required more intensive services.

All incidents reviewed were determined to have been handled well by staff promoting the health, safety and quality of life of the individuals served. All incidents were documented according to established agency standards and received corrective action plans to address any identified issues or needs. Corrective action plans often included training and additional staff support to ensure prevention of future occurrences.

## Program Outcomes

The following are some selected outcomes or performance measures the agency monitors to evaluate specific program operations. The outcomes measure satisfaction, efficiency and effectiveness of the programs and services. To obtain a more complete accounting of all performance measures, contact the quality department.

### Satisfaction

The satisfaction of all people and groups TSI serves is important. It is expected that (9) out of (10) people will be approving of our services and recommend us. Ninety-three percent of individuals' responses indicated satisfaction with programs and services. Ninety-five (95) percent of the family member responses indicated they would recommend TSI's services. One hundred percent of providers' responses indicated satisfaction with services. The satisfaction objectives were met for all stakeholders.

## **Efficiency**

A stable staffing complement is necessary for trusting relationships to be formed with individuals served. Efficiency in this area is evaluated by examining staff retention rate data. All staffing patterns are monitored with particular attention placed upon retention rates in the intellectual disabilities programs. One-hundred percent of the ID program staff remained at their programs. This exceeded the goal of retaining eighty-five (85) percent of the staff.

## Effectiveness

Understanding the impact of services and specific interventions is key to delivering a quality service. In order to achieve this objective, information is gathered on successful illness management, quality of life and perceived degree of empowerment.

Individuals receiving services should experience fewer hospitalizations and interruptions to their lives. During the 2009 / 10 fiscal year, individuals in the PD programs achieved this goal with less than (7) percent of individuals who exited services experiencing an increased number of psychiatric hospitalizations.

Supporting individuals in increasing their overall quality of life is an important aspect of recovery. A target of sixty-five (65) percent of the persons served in PD programs will indicate an improved quality of life. This goal was surpassed by the Community Residential Rehabilitation programs, achieving a (78) percent increase. This is an increase from the (63) percent achieved in the previous fiscal year. The Supported Living programs improved over the previous year's (77) percent with (87) percent of the individuals indicating an improved quality of life.

Empowerment, the feeling that one has control over their life and decisions, is another important component of recovery that is measured. Staff help support individuals with learning to gain control over their lives and recovery process, and with gaining self advocacy skills. The target for improvement in this area is (65) percent. During the 2009 / 10 fiscal year, (100) percent of the persons in the Community Residential Rehabilitation programs and (87) percent in the Supported Living programs indicated increased levels of choice and control over their lives. These results are similar to the previous year.

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

PERFORMANCE RESULTS 2009/10

Community Residential Rehabilitation ~  
 Psychiatric Disabilities Programs (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, Biannually, Annually, Exit, Post  |
| Persons served are empowered to become involved with their rehabilitation.   | 50%        | 65%         | IAPSRs Surveys                                    | Clinical Coordinator, CSS, Quality Coordinator, Quality Assistant | Intake, Biannually, 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 2009/10

Community Residential Rehabilitation ~  
 Psychiatric Disabilities Programs (CRR PD)  
 BRADDOCK, BRYANT, GREENFIELD, ISLAND, MCLENAHAN

| Performance Indicators  | Goal Expect | 1 <sup>st</sup> Qtr | 2 <sup>nd</sup> Qtr. | 3 <sup>rd</sup> Qtr. | 4 <sup>th</sup> Qtr. | Comments   |
|---|-------------|---------------------|----------------------|----------------------|----------------------|--|
| % of persons served that experienced a decrease in or no psychiatric hospitalization while in program   | 85%         | 100%                | 100%                 | 100%                 | 100%                 | 16 individuals exited services                       |
| % of persons served that demonstrated increases in their quality of life  | 65%         | 100%                | 83%                  | 86%                  | 78%                  | Information available for 9 persons                  |
| % of persons served that indicated increases in their feelings of empowerment   | 65%         | 100%                | 100%                 | 100%                 | 100%                 | Information available for 9 persons                  |
| % of person served responses that indicated satisfaction with Program   | 85%         | pending             | pending              | 90%                  | 96%                  | All programs surveyed                                |
| *% of persons served by TSI who have developed Power Statements or identified Personal Medicine to promote personal recovery and wellness                               | 75%         | pending             | pending              | 12.5%                | 76%                  | * new outcome - in training and implementation phase |
| *% 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%         | pending             | pending              | pending              | pending              | * outcome not active due to staffing shortage        |

\* *New outcome*

PERFORMANCE RESULTS 2009/10

Supported Living ~ Psychiatric Disabilities Programs (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, Biannually, Annually, Exit, Post  |
| Persons served are empowered to become involved with their rehabilitation.   | 50%        | 65%         | IAPSRs Surveys                                    | Clinical Coordinator, CSS, Quality Coordinator, Quality Assistant | Intake, Biannually, 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 2009/10

Supported Living ~ Psychiatric Disabilities Programs (SL PD)  
BRADDOCK, DOHRMAN, ISLAND, MCKEESPORT

| Performance Indicators  | Goal Expect | 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Comments   |
|---|-------------|----------|----------|----------|----------|--|
| % of persons served that experienced a decrease in or no psychiatric hospitalization while in program   | 85%         | 100%     | 83%      | 89%      | 91%      | 28 individuals exited services                       |
| % of persons served that demonstrated increases in their quality of life  | 65%         | 100%     | 80%      | 83%      | 87%      | Information available for 15 persons                 |
| % of persons served that indicated increases in their feelings of empowerment   | 65%         | 100%     | 100%     | 100%     | 87%      | Information available for 15 persons                 |
| % of person served responses that indicated satisfaction with Program   | 85%         | pending  | pending  | 90%      | 90%      | All programs surveyed                                |
| *% of persons served by TSI who have developed Power Statements or identified Personal Medicine to promote personal recovery and wellness                               | 75%         | pending  | pending  | 11.6%    | 46%      | * new outcome - in training and implementation phase |
| *% 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%         | pending  | pending  | pending  | pending  | * outcome not active due to staffing shortage        |

\* *New outcome*

P E R F O R M A N C E   R E S U L T S   2 0 0 9 / 1 0

Community Homes ~ Intellectual Disabilities Programs (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 2009/10

Community Homes ~ Intellectual Disabilities Programs (CH ID)  
 CALLOWHILL, ROYER

| Performance Indicators  | Goal Expect | 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. | Comments                                 |
|---|-------------|----------|----------|----------|----------|--|
| % of individuals living safely in the community                                 | 80%         | 100%     | 100%     | 100%     | 100%     | 17 individuals                           |
| % of medications monitored accurately   | 97%         | 99.7%    | 99.8%    | 99.8%    | 99.8%    | 57K + pills monitored                    |
| % of staff retained   | 85%         | 100%     | 100%     | 100%     | 100%     | 21 total positions                       |
| % of individuals who are at least 80% satisfied with their services             | 90%         | pending  | 100%     | 100%     | 100%     | Two programs surveyed                    |
| % of family members / friends satisfied with the services individuals receive   | 90%         | N/A      | N/A      | 100%     | 100%     | 4 persons responded to the survey        |
| % of external service providers satisfied with the services individuals receive | 90%         | N/A      | N/A      | N/A      | 100%     | Information gathered during 4th quarter. |

PERFORMANCE RESULTS 2009/10

Supported Living ~ Intellectual Disabilities Programs (SL ID)  
COMMUNITY, CONGREGATE

| 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 2009/10

Supported Living ~ Intellectual Disabilities Programs (SL ID)  
COMMUNITY, CONGREGATE

| Performance Indicators  | Goal Expect | 1 <sup>st</sup> Qtr. | 2 <sup>nd</sup> Qtr. | 3 <sup>rd</sup> Qtr. | 4 <sup>th</sup> Qtr. | Comments                                 |
|---|-------------|----------------------|----------------------|----------------------|----------------------|--|
| % of individuals living safely in the community                                 | 80%         | 100%                 | 100%                 | 100%                 | 100%                 | 35 individuals                           |
| % of staff retained   | 85%         | 100%                 | 100%                 | 100%                 | 100%                 | No attrition, 15 total positions         |
| % of individuals who are at least 80% satisfied with their services             | 90%         | pending              | 100%                 | 100%                 | 100%                 | All programs surveyed                    |
| % of family members / friends satisfied with the services individuals receive   | 90%         | N/A                  | N/A                  | 100%                 | 100%                 | 8 persons responded to the survey        |
| % of external service providers satisfied with the services individuals receive | 90%         | N/A                  | N/A                  | N/A                  | 100%                 | Information gathered during 4th quarter. |

PERFORMANCE RESULTS 2009/10

## 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 12 mos. | Measure 15 mos. | 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          |

| Performance Indicators  | Goal Expect | 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr.  | Comments                           |
|---|-------------|----------|----------|----------|-----------|------------------------------------|
| Length of tenancy in community apartment  | 15 mos.     | 16.8     | 18.4     | 18.2     | 24.2 mos. | 140 persons                        |
| % of individuals living in an apartment in the community that have not been evicted | 95%         | 96%      | 94%      | 93%      | 90%       | 140 persons, 14 total evictions    |
| % of individuals' responses that indicated satisfaction with Program                | 85%         | N/A      | N/A      | N/A      | 83%       | 48 persons responded to the survey |