

EXHIBIT G – PERFORMANCE MEASURES

Program: CalWORKs Mental Health		Agency: CommuniCare Health Centers		Contact: sarag@communicarehc.org	
Scope	To provide mental health treatment services for California Work Opportunity and Responsibility services to Kids (CalWORKs) Employment Services (CWES) clients and their minor dependents in Yolo County.				
Program Purpose	Provide mental health assessments, referrals to any eligible Yolo County residents that fit the target population of this contract. To assist in preventing the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reunited them with their parents, by adoption or by other permanent living arrangement by providing the above services to CalWORKs children who may also be in the Child Welfare system.				
Program Information	Mental health services are available to eligible CalWORKs Welfare to Work program participants with barriers to employment. Services are also available for the participants' children, if the children's conditions cause barriers to the parent's employment. The Welfare to Work participants can be referred at any time during their eligible period. Services may be individual, group, or family, and include support groups and medication evaluation and support.				
PM1: How much did we do?					
Staff	2.5 FTE's				
Customers Units of Service	Bi-annually completed reports (unless information is captured in CalOMS in which case the 15-day rule applies): <ul style="list-style-type: none"> a) Demographic Data, including but not limited to: <ul style="list-style-type: none"> i. Number of beneficiaries served, by age, gender, race/ethnicity, culture if known, or disability (e.g., hearing impaired, seeing impaired, wheel-chair bound) b) Service Data, including but not limited to: <ul style="list-style-type: none"> i. Type and quantity of services provided ii. Progress, disposition and/or outcome of client treatment iii. Date, time, and location of service provided iv. Referrals/coordination to/with other services (including, but not limited to: mental health, and physical health) and referral disposition v. Referrals/coordination to/with other substance use disorder providers for continued care vi. Total number of beneficiaries who completed their treatment episode c) Participant Progress Reports, including but not limited to: <ul style="list-style-type: none"> i. Satisfactory or non-satisfactory progress with current treatment plan. ii. Revisions to existing treatment plans. iii. Start of new plan or end of plan. Complete Monthly: <ul style="list-style-type: none"> i. Total number of new participants referred to vendor during month. ii. Number of carry over participants and their activity. iii. Total number of cases that were assessed and the assessment date during the month 				

PM2: How well did we do it?	
2.1	Bi-annually: Customer Satisfaction Surveys (POQI): Consumer satisfaction surveys shall be administered twice annually with results submitted to the County.
2.2	<p>Mid-year and annually: Initiation, Engagement, and Retention Rates</p> <ul style="list-style-type: none"> i. Initiation Rates: Number and percentage of beneficiaries who receive at least 1 service (individual, group, collateral, or case management) within 14 days of a diagnosis being established by your facility ii. Engagement Rates: Number and percentage of beneficiaries who receive two or more services (individual, group, collateral, or case management) within 30 days of a diagnosis being established by your facility iii. Retention Rates: Number and percentage of beneficiaries who stayed for a minimum of two weeks that completed their entire treatment episode
2.3	<p>Complete Monthly: No Show, Refusal of Service and Timeliness</p> <ul style="list-style-type: none"> i. No Show Rates: Number and percentage of cases closed due to No Show (No show equals three (3) or more missed appointments) during the months. ii. Refusal of Service Rates: Number and percentage of cases closed due to refusal of services prior to an assessment during the month. iii. Timeliness Rates: Number and percentage of referrals assessed within fifteen (15) days of receipt.
2.4	<p>Complete Monthly: Track referrals out</p> <ul style="list-style-type: none"> i. Track client referral appointments made/kept by service type and number
PM3: Is anyone better off?	
3.1	<p>Bi-annually completed reports. Outcome Data, including but not limited to:</p> <ul style="list-style-type: none"> a. Number of beneficiaries who completed successfully that did not return for another treatment episode within 6 months b. Number of beneficiaries who successfully met 75% or more of their treatment goals c. Number of beneficiaries successfully meeting their treatment goals that are fully engaged in Welfare to Work services (working, in-school, subsidized employment or job-training) within three (3) months of completion of their treatment plan. <p><i>*HHSA will provide engagement statistics based on completion numbers from contractor.</i></p>