

EXHIBIT E-PERFORMANCE MEASURES

SUD Adult	Yolo Wayfarer Center dba Fourth and Hope	Doug Zeck, Program Director
Program Purpose	Decrease incidences of substance abuse, reduce incarcerations, and improve the quality of life for members.	
Program Description	Residential Treatment, Case Management, Physician Consultation, and Transitional Living for any eligible Yolo County resident who has been referred to treatment through an authorized Yolo County Substance Use Access Point or directly requesting services through the provider or through the Sheriff Department for Electronic Monitoring members. Services can include individual and group counseling, drug testing, care coordination for level of care placement, linkage to other necessary services, oversight of complicated co-morbid or co-occurring member cases, and a safe and secure place to live while receiving other services when appropriate.	
PM1: How much did we do?		
1.1	Bi-Annually Reported #of Members Demographics: <ol style="list-style-type: none"> 1. Age 2. Gender 3. Race/Ethnicity 4. Disability 5. Culture 	
1.2	Bi-Annually Reported # of referrals/ coordination for other services and referral dispositions	
1.3	Bi-Annually Reported # of referrals/ coordination to/with other substance use disorder providers for continued care	
1.4	Bi-Annually Reported Number of referrals/ coordination to/with other substance use disorder providers for continued care	
1.5	Bi-Annually Reported # of total members who completed their treatment episode	
PM2: How well did we do it?		
2.1	Bi-Annually Reported # of Members satisfied with services provided % of members satisfied with services provided (As collected by question #1-3 on the Consumer Perception Survey) <ol style="list-style-type: none"> 1. I like the services that I received here 2. If I had other choices, I would still get services from this agency 3. I would recommend this agency to a friend or family member 	
2.2	Annually Reported	

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	<p># of members satisfied with access and services provided based on Drug Medi-Cal Organized Delivery System (DMC-ODS) Treatment Perception Survey (TPS).</p> <p>% of members satisfied with access and services provided based on Drug Medi-Cal Organized Delivery System (DMC-ODS) Treatment Perception Survey (TPS).</p> <p>(As collected by TPS Survey – HHSA Reportable Data)</p>
2.3	<p>Bi-Annually Reported</p> <p>Initiation Rate</p> <p># of members who receive at least one (1) service (individual, group, collateral, or case management) within fourteen (14) days of a diagnosis being established by your facility.</p> <p>% of members who receive at least one (1) or more services (individual, group, collateral, or case management) within fourteen (14) days of a diagnosis being established by your facility.</p>
2.4	<p>Bi-Annually Reported</p> <p>Engagement Rate</p> <p># of members who receive at least two (2) or more services (individual, group, collateral, or case management) within thirty (30) days of a diagnosis being established by your facility.</p> <p>% of members who receive at least two (2) or more services (individual, group, collateral, or case management) within thirty (30) days of a diagnosis being established by your facility.</p>
2.5	<p>Bi-Annually Reported</p> <p>Retention Rate:</p> <p># of members who stayed for a minimum of two weeks that completed their entire treatment episode</p> <p>% of members who stayed for a minimum of two weeks that completed their entire treatment episode.</p>
2.6	<p>Bi-Annually Reported</p> <p># of members who were satisfied with access to services.</p> <p>% of members who were satisfied with access to services</p> <p>(As collected by question #4-8 on the Consumer Perception Survey)</p> <ol style="list-style-type: none"> 1. The location of service was convenient (parking, public transportation, distance, etc.) 2. Staff were willing to see me as often as I felt it was necessary 3. Staff returned my calls within 24 hours 4. Services were available at times that were good for me 5. I was able to get all the services I thought I needed.
PM3: Is anyone better off?	
3.1	<p>Bi-Annually Reported</p> <p># of members reporting a reduction in substance use at completion of the program, and</p> <p>% of members reporting a reduction in substance use at completion of the program</p>

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3.2	Bi-Annually Reported # of members reporting a reduction in days incarcerated while in treatment, compared to the previous 6 months % of members reporting a reduction in days incarcerated while in treatment, compared to the previous 6 months.
3.3	Bi-Annually Reported % reduction of days incarcerated during treatment (1- days incarcerated in treatment/days incarcerated 6 months prior to treatment)
3.4	Bi-Annually Reported % of members reporting an improvement in outcomes as a result of receiving these services (as collected by questions 21-28 on the Consumer Perception Survey): <ol style="list-style-type: none">1. I deal more effectively with daily problems2. I am better able to control my life3. I am better able to deal with crisis4. I am getting along better with my family5. I do better in social situations6. I do better in school and/or work7. My housing situation has improved8. My symptoms are not bothering me as much

Performance Measures Reports are due Bi-Annually as follows:

Submit July 30th for the period of January 1st through June 30th

Submit January 31st for the period of July 1st through December 31st

Contractor shall submit the Performance Outcome Measures report electronically via email to:

Kerrie.Covert@yoloCounty.gov and Julie.Freitas@yolocounty.gov and Glenn.Johnson@yolocounty.gov