



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
DIRECTOR

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**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)  
REQUEST FOR INTEREST (RFI) 17-03  
SPECIFICATIONS, TERMS & CONDITIONS  
For  
Full Service Partnership Program**

**INFORMATIONAL MEETING**

Date	Time	Location
<b>Monday March 13, 2017</b> (Child & Youth)	<b>10:00 am - 12:00 pm</b>	<b>Behavioral Health Care Services 1900 Embarcadero Cove, 1<sup>st</sup> floor Oakland, CA 94606 (Brooklyn Basin Rm)</b>
<b>Monday March 13, 2017</b> (TAY, Adult, Older Adult, First Episode Psychosis, Forensic & Chronically Homeless)	<b>1:00 pm - 4:00 pm</b>	<b>Behavioral Health Care Services 1900 Embarcadero Cove, 1<sup>st</sup> floor Oakland, CA 94606 (Brooklyn Basin Rm)</b>

**Any Request for Proposal (RFP) issued as a result of this RFI will be issued electronically via e-mail. Please immediately update the County Contact noted below of any e-mail address changes. This RFI and any RFP issued as a result of this RFI will be posted on the General Services Agency Current Contracting Opportunities website and at the BHCS website located at:**

**[http://www.acgov.org/gsa\\_app/gsa/purchasing/bid\\_content/contractopportunities.jsp](http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp)  
<http://www.acbhcs.org/Docs/docs.htm#RFP>.**

**Please visit either websites for further information regarding this project, or contact the person listed below.**

To vendors registered or certified in the Small Local Emerging Business vendor database:  
Please maintain correct and accurate e-mail address information to ensure receipt of future RFIs.

**RFI RESPONSE DUE  
by 2:00 pm  
on Friday, March 17, 2017  
to  
RFI 17-03 c/o Edilyn Dumapias  
1900 Embarcadero Cove Suite 205  
Oakland, CA 94606  
Contact: Edilyn Dumapias  
Email: [Edilyn.Dumapias@acgov.org](mailto:Edilyn.Dumapias@acgov.org) Phone: 510.383.2873**

## I. STATEMENT OF WORK

### A. INTENT

The intent of this Request for Interest (RFI) is to identify qualified Bidders interested in participating in the Request for Proposal (RFP) for Full Service Partnership (FSP) services for children/youth, Transition Age Youth (TAY) including those experiencing First Episode Psychosis (FEP), adults, older adults, and the chronically homeless, in Alameda County. BHCS will also use this RFI to solicit feedback from the provider community on changes to the program model, cost reimbursement and performance measures.

Alameda County Behavioral Health Care Services (hereafter BHCS or County) subsequently intends to release an RFP and award a one-year contract (with option to renew) to the Bidders selected as the most responsible bidders whose response conforms to the RFP and meets the County's requirements.

The County of Alameda does not guarantee that a subsequent RFP will be issued. Should an RFP be issued, the terms and conditions described in this RFI are not guaranteed to remain exactly the same.

BHCS intends to enter into a contract for FSP services for one program per Contractor with the following allocation:

Population <sup>1</sup>	Number of Teams per Program <sup>2</sup>	Number of Programs	Total Allocation
Child/Youth	2	1	\$2,235,000.00
TAY	3	1	\$3,489,110.00
FEP	1	1	\$1,163,037.00
Adult	2	2	\$4,652,146.00
Forensic	2	2	\$4,652,146.00
Older Adult	2	1	\$2,326,073.00
Chronically Homeless	2	2	\$4,652,146.00
<b>TOTAL</b>		<b>10</b>	<b>\$23,169,658.00</b>

### B. SCOPE

Proposition 63, also known as the Mental Health Services Act (MHSA) was passed by the California voters in November 2004. The MHSA provides funding to counties to expand mental health services to those who are unserved or underserved. The County engaged multiple stakeholder groups to participate in a variety of planning processes to develop programs that address unmet needs of adults with Severe Mental Illness (SMI) and children and youth with Serious Emotional Disturbance (SED) that were funded through the Community Service and Supports (CSS) funding stream. There is a requirement that at least 51 percent of the CSS funds support FSP programs which led to the creation of FSPs

<sup>1</sup> See Appendix A for definition of each priority population.

<sup>2</sup> Most program will run two FSP teams with no more than 50 clients served per team at any given time except for the Child/Youth, TAY and FEP FSP.

TAY, adult, older adult, forensic population and the chronically homeless. Though no FSP for children and youth was formally established, BHCS contracted with a provider at that time to provide wraparound program for children who are child welfare dependents.

Since the inception of FSP services in Alameda County a decade ago, the needs of the community have shifted as well as the health care landscape. BHCS decided to look at how its most intensive level of outpatient programs – the FSPs and the Assertive Community Treatment (ACT) services, reflect those changes and make the most of its available resources based on projected utilization while making sure that the services remain outcome-driven with enhanced reporting capability of those performance outcomes to the State.

After a year of internal planning and discussions, BHCS is pleased to inform and engage its community stakeholders on the following proposed changes to the FSP programs that will be awarded as a result of a Request for Proposal which will be issued shortly after this RFI. It is the goal of these changes to have standardized metrics by which each program can be measured while remaining cognizant of the unique needs of each priority population.

## **1. New FSP for child/youth**

A new Child/Youth (C/Y) FSP program will be awarded with two teams, one serving children birth to eight and one serving ages eight through 18.

## **2. Program Model**

- a. Definition of the priority population in each group is included in the Appendix A.
- b. All referrals will come through BHCS' ACCESS Unit in order to manage the availability of the resources and ensure that each program is fully utilized based on acuity of clients who need this high intensity service.
- c. Utilization and implementation of the following evidence-based practices (EBP) while maintaining at least 80 percent fidelity to the EBPs:

### Child/Youth FSP

- Wraparound – high fidelity using Wraparound Fidelity Index, Short Version (WFI-EZ) and
- Housing First – good fidelity (minimum rating of 3 on each criterion).

### All other FSPs

- ACT – high fidelity (3.8 overall rating);
- Individual Placement and Support (IPS)<sup>3</sup> – good fidelity (score of 100-114); and
- Housing First – good fidelity (minimum rating of 3 on each criterion).

BHCS will conduct fidelity reviews for each FSP program twice each year.

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<sup>3</sup> Not required for Older Adult FSP; substitute with Meaningful Activities which includes, but not limited to, employment and education or other volunteer and recreational activities that help the older adult build skills and supports.

### **3. Cap on Non-reimbursable Goods and Services**

Upon review of the FSP contracted providers' client supports expenditures within the last two fiscal years, BHCS is recommending the following limits to non-reimbursable goods and services for contracts to be awarded from the RFP:

- Clothing, food, hygiene, travel & transportation - \$500 per client per year
- Emergency housing - \$2,760 per client per year
- Non Medi-Cal billable services – no more than 20% of total billable services

### **4. Centralized Housing**

All real estate functions such as securing units, conducting inspections, executing rental and subsidy agreements, managing rent collection and payments and some aspects of property management will be centralized through Health Care Services Agency (HCSA) and will be awarded separately through a different competitive bidding process. Every FSP program will have equal access to long-term housing subsidies and Section 8 vouchers as they become available.

### **5. Cost Reimbursement**

Contracts that will result from the RFP process will be reimbursed fee-for-service to maximize revenue generation and improve beneficiary access to care and the quality of service.

The maximum contract allocation takes into account the following anticipated Medi-Cal Expansion population:

- Child/Youth – 0%
- TAY/FEP - 30%
- Adult - 8%
- Forensic – 29%
- Older Adult – 0%
- Chronically Homeless - 20%

### **6. Results Based Accountability Performance Measures**

Appendix B outlines the performance measures using the Results-Based Accountability (RBA) framework to strengthen and increase data collection efforts and improve the contract performance. The RBA framework will allow BHCS to track the positive impact and benefits of services for the priority population by focusing on three critical questions: 1) How much work was done? 2) How well was it done? and 3) Is anyone better off?

### **7. Whole Person Care Pilot (WPCP) Program**

Through a competitive grant application to the State, Alameda County HCSA was awarded \$140 million to pilot the Whole Person Care Program which will be called Alameda County Care Connect (AC Care Connect). Through AC Care Connect, HCSA will be engaging in a change process that will move toward becoming a coordinated system of care across multiple systems. Outcomes of the project will include creation of a community health record and care management system that can be used by each

enrolled client's full care team, with appropriate consents to share key pieces of information to enhance their care and health outcomes. In addition, we will be moving toward real-time data exchange with certain providers, and there may be new data reporting requirements. HCSA/BHCS will advertise contracting opportunities through this grant as they become available in the future.

Grantees of related HCSA/BHCS programs may be asked to participate in design input sessions, trainings, and process improvement projects. Grantees will be asked to work together with HCSA and other community providers to identify barriers and contribute to the creation of new policies and procedures that facilitate clients/patients' navigation through the system. BHCS anticipates that FSP awarded contractors will be critical partners in this project.

Further information regarding the County's Whole Person Care Pilot can be referenced [here](#).

BHCS will solicit feedback from potential Bidders on the above changes through the submission of their interest to this RFI. In addition, informational meetings will be held to go over the scope of work and requirements in this request and conduct question and answer sessions. A summary of the information collected from both the RFI response and the informational meetings will be shared with the internal BHCS planning work group before finalizing the specifications of the FSP RFP.

#### **C. BIDDER QUALIFICATION CRITERIA**

Bidder minimum qualification criteria include, but are not limited, to the following:

1. Have at least two years of organizational experience providing services to the priority population(s) within the last five years;
2. Have at least two years of experience billing Medi-Cal for Specialty Mental Health services through a County within the last three years;
3. Have no current open Quality Assurance (QA) Plan of Correction with BHCS, if Bidder is an existing BHCS-contracted service provider.

#### **D. COUNTY PROVISIONS**

1. [Small Local Emerging Business Program](#): The County is vitally interested in promoting the growth of small and emerging local businesses by means of increasing the participation of these businesses in the County's purchase of goods and services.

As a result of the County's commitment to advance the economic opportunities of these businesses, Bidders must meet the County's SLEB requirements in order to be considered for the contract award. These requirements can be found online at:

<http://acgov.org/auditor/sleb/overview.htm>

For purposes of this proposal, applicable industries include, but are not limited to, the following North American Industry Classification System (NAICS) Code: 624110 and 624120.

A small business is defined by the [United States Small Business Administration](#) (SBA) as having no more than the number of employees or average annual gross receipts over the last three (3) years required per SBA standards based on the small business's appropriate NAICS code.

An emerging business is defined by the County as having either annual gross receipts of less than one-half (1/2) that of a small business OR having less than one-half (1/2) the number of employees AND that has been in business less than five (5) years.

2. [First Source Program](#): Information regarding the County's First Source Program can be found online at:

<http://acgov.org/auditor/sleb/sourceprogram.htm>.

#### **E. COUNTY CONTACTS**

Questions regarding this RFI must be submitted in writing, preferably via email, to:

Edilyn Dumapias  
1900 Embarcadero Cove, Suite 205  
Oakland, CA 94606  
Email: [Edilyn.Dumapias@acgov.org](mailto:Edilyn.Dumapias@acgov.org)

## **F. ESTIMATED CALENDAR OF EVENTS**

<b>Event</b>	<b>Date/Location</b>	
Request for Interest (RFI) Issued	Wednesday, February 22, 2017	
Informational Meeting (Child & Youth)	Monday March 13, 2017 10:00 am – 12:00 pm	Behavioral Health Care Services 1900 Embarcadero Cove, 1 <sup>st</sup> floor Oakland, CA 94606 (Brooklyn Basin Rm)
Informational Meeting (TAY, Adult, Older Adult, First Episode Psychosis, Forensic & Chronically Homeless)	Monday March 13, 2017 1:00 pm - 4:00 pm	Behavioral Health Care Services 1900 Embarcadero Cove, 1 <sup>st</sup> floor Oakland, CA 94606 (Brooklyn Basin Rm)
<b>RFI Response Due</b>	<b>Friday, March 17, 2017 by 2:00 PM</b>	
Request for Proposal (RFP) Issued	July 2017	
RFP Response Due	September, 2017	
Award Date	January 2018	
Contract Start Date	January 1, 2018	

**Note:** Dates indicated are approximate.


## **G. REQUEST FOR INTEREST RESPONSE FORMAT**

Alameda County BHCS intends to issue an RFP in order to establish a contract for the above-referenced service in the near future.

1. Bidders that meet the Qualification Criteria and are interested in being included on the Bidder list to receive any subsequent bid documents (if issued), should send an RFI Response via email using the Fillable Forms Template by **2:00 p.m. on, Friday, March 17, 2017**.

Using the Fillable Forms Template, submit in writing your feedback on the following:

- a. Program Changes
    - i. Program Model
    - ii. Flexible Funds
    - iii. Centralized Housing
    - iv. Cost Reimbursement
    - v. Results Based Accountability Performance Measures
  - b. Length of Stay Limits
  - c. Criteria for discharging clients or stepping down to lower levels of care and any barriers to facilitate transition
2. In addition, the County encourages any new bidders that are local to Alameda County to register and be added to the County SLEB database. More information on how to register can be found on the County's website at: <http://acgov.org/auditor/sleb/newvendor.htm>.

3. Both local and non-local can subscribe to any or all Contracting Opportunities Categories and/or Calendar of Events for automatic updates. Subscribers will receive an e-mail announcing when the latest information has been updated on our website. More information on how to  [Subscribe](#) can be found on the County's website at: <http://acgov.org/gsa/purchasing/esubscribe.htm>.



## II. APPENDIX

### A. DEFINITION OF PRIORITY POPULATION

FSP Population	AGE RANGE	CRITERIA	ADDITIONAL CRITERIA
Child/Youth	Birth to 18	<p>Children/Youth who fall under <i>one</i> of the following categories:</p> <p><u>Birth-8:</u></p> <ul style="list-style-type: none"> <li>• Expulsion from preschool.</li> <li>• Two suspensions from preschool in one month.</li> <li>• Lack of sufficient progress in consistent outpatient treatment after six months of treatment as measured by CANS, provider and parent report.</li> </ul> <p><u>Ages 8-18:</u></p> <ul style="list-style-type: none"> <li>• Repeated hospitalizations either: <ul style="list-style-type: none"> <li>○ 3x in 6 months</li> <li>○ 2x in 1 month</li> <li>○ 3 visits to Crisis Stabilization Unit in a month</li> </ul> </li> <li>• Other Category (2 or more in this sub-category) <ul style="list-style-type: none"> <li>○ Failed multiple appointments</li> <li>○ School Absenteeism</li> <li>○ Risk of Homelessness</li> <li>○ High Score for Trauma on CANS</li> </ul> </li> <li>• Lack of sufficient progress in consistent Therapeutic Behavioral Services (TBS) services after 6 months of treatment, as per TBS provider and parent reports.</li> </ul>	
TAY	18-25 years old	<ul style="list-style-type: none"> <li>• Fall into at least one the following priority populations: <ul style="list-style-type: none"> <li>○ TAY struggling with co-occurring substance abuse disorders</li> <li>○ TAY who are homeless or at-risk of homelessness</li> <li>○ TAY aging out of the children's mental health, child welfare, or juvenile justice systems with substantial impairments or symptoms</li> <li>○ TAY leaving long-term institutional care (i.e. short term residential therapeutic programs, IMD, state hospitals)</li> </ul> </li> </ul>	

FSP Population	AGE RANGE	CRITERIA	ADDITIONAL CRITERIA
		<ul style="list-style-type: none"> <li>○ TAY experiencing their first episode of major mental illness</li> <li>• As a result of the mental condition, the youth/young adult has substantial impairment or symptoms, or they have a psychiatric history that shows that, without treatment there is an imminent risk of decompensation with substantial impairments or symptoms.</li> <li>• For TAY, serious mental illness may include significant functional impairment in one or more major areas of functioning, (e.g., interpersonal relations, emotional, vocational, educational or self-care) for at least six (6) months due to a major mental illness. The individual's functioning is clearly below that which had been achieved before the onset of symptoms. If the disturbance begins in childhood or adolescence, however, there may be a failure to achieve the level of functioning that would have been expected for the individual rather than deterioration in functioning.</li> </ul>	
<b>First Episode Psychosis (FEP)</b>	16-25 years old	<ul style="list-style-type: none"> <li>• Within the previous two years, have experienced their first major psychotic episode.</li> <li>• Assessment by the FEP program must result in a diagnosis of schizophrenia, schizoaffective or schizophreniform disorder.</li> </ul>	
<b>Adult</b>	26-59 years old	<p>To be considered for admission to this FSP, individuals would meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Individual has a mental condition that results in substantial functional impairments or symptoms, or has a psychiatric history that shows that, without treatment there is an imminent risk of decompensation with substantial impairments or symptoms.</li> <li>• Due to mental functional impairment and circumstances, the individual is likely to become so disabled as to require public assistance, services or entitlements.</li> </ul>	<p>AND they are in one of the following situations:</p> <ul style="list-style-type: none"> <li>• Are unserved and one of the following:               <ul style="list-style-type: none"> <li>○ Homeless or at risk of becoming homeless</li> <li>○ Involved in the criminal justice system</li> <li>○ Frequent users of hospital or emergency room services as the primary source for mental health treatment</li> </ul> </li> <li>• Are underserved and at risk of one of the following:               <ul style="list-style-type: none"> <li>○ Homelessness</li> <li>○ Involvement in the criminal justice system</li> <li>○ Institutionalization</li> </ul> </li> </ul>

FSP Population	AGE RANGE	CRITERIA	ADDITIONAL CRITERIA
Forensic	18-59 years old	<ul style="list-style-type: none"> <li>Same as adult criteria above</li> </ul>	<p>AND the following:</p> <p><b>FACT</b></p> <ul style="list-style-type: none"> <li>Meet medical and service necessity criteria for Medical specialty mental health services and for FSP level of care;</li> <li>Are eligible for payment of services through the County Mental Health Plan; and</li> <li>Have been authorized by BHCS ACCESS</li> </ul> <p><i>Note: Nine FACT slots are reserved for the BHCS Adult Forensic Behavioral Health program.</i></p> <p><b>TrACT</b></p> <ul style="list-style-type: none"> <li>Have been approved by the Behavioral Health Court Team; and</li> <li>May be in the community or in legal custody at the time of consideration.</li> </ul>
Older Adult	60 years old and up	<ul style="list-style-type: none"> <li>The individual's mental condition results in substantial functional impairments or symptoms, or has a psychiatric history that shows that, without treatment there is an imminent risk of decompensation with substantial impairments or symptoms.</li> <li>Due to mental functional impairment and circumstances, the individual is likely to become so disabled as to require public assistance, services, or entitlements.</li> </ul>	<p>AND they are in one of the following situations:</p> <ul style="list-style-type: none"> <li>Are unserved and one of the following: <ul style="list-style-type: none"> <li>Experiencing a reductions in personal and/or community functioning</li> <li>Homeless</li> <li>At risk of becoming homeless</li> <li>At risk of becoming institutionalized</li> <li>At risk of out of home care</li> <li>At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment</li> </ul> </li> <li>Are underserved and at risk of one of the following: <ul style="list-style-type: none"> <li>Homelessness</li> <li>Institutionalization</li> <li>Nursing home or out-of-home care</li> <li>Frequently using hospital and/or emergency room services as their primary source for mental health treatment</li> <li>Involvement in the criminal justice system</li> </ul> </li> </ul>

FSP Population	AGE RANGE	CRITERIA	ADDITIONAL CRITERIA
Chronically Homeless	18 years old and up	<p>Must meet the following criteria at the time of referral:</p> <ul style="list-style-type: none"> <li>The individual (or head of household) is living on the streets, in abandoned buildings, parks, a vehicle, or other outside place not meant for people to live, in an emergency shelter or emergency housing program, or a transitional housing program for homeless individuals OR is in an institutional care facility for fewer than 90 days and was in one of the previously listed living situations prior to entering the institution; AND</li> <li>The individual (or head of household) has a disabling health condition(s), such as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, that is expected to be of long-continued and indefinite duration and substantially impedes the persons' ability to live independently.</li> </ul>	<p>Individuals that meet one or both of the criteria <b><i>below</i></b> receive prioritized access to resources. <u>Highest priority is given to individuals that meet both of the following criteria:</u></p> <ul style="list-style-type: none"> <li>The individual (or head of household) has been staying in a place not meant for human habitation or a shelter for more than one year continuously or four or more times over the past three years with more than 12 months of cumulative time living on the streets or in shelters; AND</li> <li>The individual (or head of household) has high priority needs as demonstrated by <i>at least</i> one of the following (see <i>Home Stretch High Services Need Verification Form for details</i>): <ul style="list-style-type: none"> <li>✓ Frequent verified contact with health or law enforcement agencies over the last 12 months</li> <li>✓ High health risks with verified medical diagnoses</li> <li>✓ A VI-SPDAT screening score of 8 or more</li> </ul> </li> </ul>

## B. PERFORMANCE MEASURES

### Alameda County Full Service Partnership (FSP) - Results Based Accountability (RBA) Proposed Performance Measures

How much did we do?	How well did we do it?	Is anyone better off?
<ol style="list-style-type: none"> <li>1. # of new clients enrolled (quarterly, annually) {INSYST}</li> <li>2. # of clients open to program point-in-time (quarterly, annually) {INSYST}</li> <li>3. # of clients closed and reason for closure (quarterly, annually) {INSYST}</li> <li>4. # of hours provided by service modality (quarterly, annually) {INSYST}</li> <li>5. # of clients with no SSI/SSDI linked to advocacy programs (quarterly, annually) {INSYST and advocacy database} – Not applicable to C/Y FSP</li> <li>6. # of services provided field-based (quarterly, annually) {INSYST}</li> <li>7. # of peer staff employed by the program (quarterly, annually) {INSYST} – Not applicable to C/Y FSP</li> <li>8. # of CFT meetings/FTM per month (quarterly, annually) {provider report, WFI-EZ} – C/Y FSP only</li> </ol>	<ol style="list-style-type: none"> <li>1. Minimum 80% fidelity, or a score equivalent to “good,” to Evidence-Based Practice currently ACT, IPS, Housing First and Wraparound(2x/year) {internal BHCS review} highlighting: <u>For all FSPs except C/Y:</u> <ol style="list-style-type: none"> <li>a) % of clients who received a minimum of 50 minutes of service per week (quarterly, annually) {INSYST}</li> <li>b) % of clients open to program less than 20 per team member point-in-time (quarterly, annually) {INSYST}</li> <li>c) % of Program Staff turnover in last 2 years (quarterly) {INSYST}</li> </ol> <u>For C/Y FSP:</u> <ol style="list-style-type: none"> <li>a) % of individualized safety plan developed for each client within 30 days from the episode opening date (quarterly, annually) {provider report, WFI-EZ}</li> <li>b) % of initial Child and Family Team/Family Team Meeting completed within 50 days of each episode opening date (quarterly, annually) {provider report, , WFI-EZ}</li> <li>c) % of Individual Service Plan developed for each client at the initial CFT meeting/FTM (quarterly, annually) {provider report, WFI-EZ}</li> </ol> </li> <li>2. % of clients reporting satisfaction with services received (twice per year) {Consumer satisfaction survey – MHSIP/Tool TBD for C/Y FSP}</li> </ol>	<ol style="list-style-type: none"> <li>1. Improved functioning           <ol style="list-style-type: none"> <li>a) % of clients with improvement in at least one CANS/ANSA domain from last assessment to most recent {Objective Arts CANS 0-5, CANS 6-17, ANSA-T, ANSA 25+ data}</li> </ol> </li> <li>2. Improved living situation           <ol style="list-style-type: none"> <li>a) % of clients who were living in restrictive, unstable environment at intake that showed an improved living situation at the most recent update {FSP forms}</li> </ol> </li> <li>3. Reductions in psychiatric emergency, inpatient, crisis stabilization utilization aggregated for enrollees           <ol style="list-style-type: none"> <li>a) % of clients who were admitted in PES/inpatient/CSU from 12 months prior to current {INSYST}</li> <li>b) # of days clients stayed in PES/inpatient/CSU from 12 months prior to current {INSYST}</li> </ol> </li> <li>4. Education status* – Not applicable to C/Y FSP           <ol style="list-style-type: none"> <li>a) % of clients who were not attending school at initial assessment that showed an improvement in status (i.e., enrolled in a vocational program/internship, enrolled in school at least part-time) at the time of most recent assessment {FSP data}</li> </ol> </li> <li>5. Employment status* – Not applicable to C/Y FSP           <ol style="list-style-type: none"> <li>a) % of clients who were unemployed at initial assessment that showed an improvement in their status (i.e., enrolled in a vocational program/internship, found employment, etc.) at the time of most recent assessment {FSP data}</li> </ol> </li> </ol> <p>NOTE: For Older Adults, replace with meaningful activities* - % of clients with improved involvement in meaningful activities from last assessment to most recent assessment {Objective Arts ANSA 25+}</p>

Key: {} denotes data source () denotes frequency

\*Meaningful activities – measured in ANSA 25+ under the following domains: **Life Functioning** - 14) Employment and **Individual Strengths** - 31) Interpersonal/Social Connectedness, 32) Optimism (Hopefulness), 33) Talents and Interests and 35) Volunteering