

Sanilac County
Community Mental Health Authority

Michigan Mission-Based Performance Indicator System

FY 2021

ANNUAL REPORT

Sanilac County Community Mental Health Authority **Michigan Mission-Based Performance Indicator System**

FY2021 Annual Summary Report

This report is a summary of the performance indicators reported to the Michigan Department of Health and Human Services (MDHHS) by the CMH for the PIHP and the State of Michigan. The Michigan Mission-Based Performance Indicator System (MMBPIS) was implemented in fiscal year 1997. The indicators have been revised over time, with the current revision effective April 1, 2020.

The indicators measure the performance of the CMH for all beneficiaries served, with just the Medicaid beneficiary information being reported to the PIHP and all beneficiary information being reported to the State of Michigan. Since the indicators are a measure of performance, deviations from standards and negative statistical outliers may be addressed through contract action. Information from these indicators will be published on the MDHHS website within 90 days of the close of the reporting period.

This report summarizes Sanilac's results for Fiscal Year 2021 as well as trending information for the past three years of Performance Indicator data.

Performance Indicator 1

Indicator 1.a. The percentage of children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *The standard is 95%.*

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Sanilac CMH State | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Indicator 1.b. The percentage of adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *The standard is 95%.*

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Sanilac CMH State | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Performance Indicator 2

Indicator 2 The percentage of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. **95% was the standard until FY 20 3rd Quarter. Effective 04/01/2020:** The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 100 | 100 | 100 | 97.96 | 100 | 79.41 | 80.00 | 77.23 | 80.15 | 69.47 | 73.98 |
| Sanilac CMH State | 100 | 100 | 100 | 100 | 98.18 | 100 | 78.48 | 78.52 | 76.92 | 79.17 | 69.64 | 72.93 |

Indicator 2.a. The percentage of new children with emotional disturbance receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. **95% was the standard until FY 20 3rd Quarter. Effective 04/01/2020:** The percentage of new children with emotional disturbance during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 100 | 100 | 100 | 96.43 | 100 | 100 | 82.86 | 94.44 | 82.22 | 70.00 | 78.38 |
| Sanilac CMH State | 100 | 100 | 100 | 100 | 96.77 | 100 | 100 | 82.86 | 92.68 | 82.61 | 71.88 | 76.92 |

Indicator 2.b. The percentage of new adults with mental illness receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. **95% was the standard until FY 20 3rd Quarter. Effective 04/01/2020:** The percentage of adults with mental illness during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 100 | 100 | 100 | 98.11 | 100 | 69.05 | 75.71 | 65.00 | 78.26 | 69.81 | 75.00 |
| Sanilac CMH State | 100 | 100 | 100 | 100 | 98.36 | 100 | 69.81 | 75.31 | 65.71 | 76.25 | 69.12 | 73.42 |

Indicator 2.c. The percentage of new children with developmental disabilities receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. **95% was the standard until FY 20 3rd Quarter. Effective 04/01/2020:** The percentage of new children with I/DD during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 90.00 | 100 | 75.00 | 70.00 | 62.50 |
| Sanilac CMH State | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 83.33 | 100 | 75.00 | 70.00 | 62.50 |

Indicator 2.d. The percentage of new adults with developmental disabilities receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. **95% was the standard until FY 20 3rd Quarter. Effective 04/01/2020:** The percentage of new adults with I/DD during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 100 | 100 | 100 | 100 | 100 | 75.00 | 100 | 100 | 100 | 50.00 | 50.00 |
| Sanilac CMH State | 100 | 100 | 100 | 100 | 100 | 100 | 75.00 | 85.71 | 100 | 100 | 50.00 | 57.14 |

Performance Indicator 3

Indicator 3 The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional. **95% within 14 days the standard until FY20 3rd Quarter. Effective 04/01/2020:** Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|-------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 95.24 | 100 | 97.50 | 98.77 | 100 | 81.40 | 75.56 | 79.52 | 78.05 | 76.56 | 81.25 |
| Sanilac CMH State | 100 | 95.65 | 100 | 97.70 | 98.88 | 100 | 78.72 | 76.53 | 79.57 | 79.07 | 77.46 | 78.16 |

Indicator 3.a. The percent of new children with emotional disturbance starting any needed on-going service within 14 days of a non-emergent assessment with a professional. **95% within 14 days was the standard until FY20 3rd Quarter. Effective 04/01/2020:** Percentage of new children with SED during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|-------------------|-------------|------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 76.92 (10/13) | 100 | 100 | 94.44 | 100 | 80.00 | 75.86 | 73.33 | 65.52 | 77.27 | 90.48 |
| Sanilac CMH State | 100 | 78.57 (11/14) | 100 | 100 | 95.00 | 100 | 80.00 | 75.86 | 81.13 | 65.52 | 77.27 | 82.61 |

Indicator 3.b. The percentage of new adults with mental illness starting any needed on-going service within 14 days of a non-emergent assessment with a professional. **95% within 14 days was the standard until FY20 3rd Quarter. Effective 04/01/2020:** Percentage of new adults with SPMI during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|-------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 100 | 100 | 98.18 | 100 | 100 | 81.48 | 75.00 | 82.61 | 82.93 | 81.25 | 78.00 |
| Sanilac CMH State | 100 | 100 | 100 | 98.36 | 100 | 100 | 77.42 | 76.36 | 81.13 | 84.09 | 82.05 | 77.78 |

Indicator 3.c. The percentage of new children with developmental disabilities starting any needed on-going service within 14 days of a non-emergent assessment with a professional. **95% within 14 days was the standard until FY20 3rd Quarter. Effective 04/01/2020:** Percentage of new children with I/DD during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 100 | 100 | 100 | 100 | 100 | 75.00 | 62.50 | 83.33 | 100 | 55.56 | 80.00 |
| Sanilac CMH State | 100 | 100 | 100 | 100 | 100 | 100 | 75.00 | 62.50 | 83.33 | 100 | 55.56 | 80.00 |

Indicator 3.d. The percentage of new adults with developmental disabilities starting any needed on-going service within 14 days of a non-emergent assessment with a professional. **95% within 14 days was the standard until FY20 3rd Quarter. Effective 04/01/2020:** Percentage of new adults with I/DD during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 100 | 100 | 50 (1/2) | 100 | 100 | 100 | 100 | 100 | 75.00 | 100 | 60.00 |
| Sanilac CMH State | 100 | 100 | 100 | 50 (1/2) | 100 | 100 | 100 | 100 | 100 | 80.00 | 100 | 60.00 |

Performance Indicator 4

Indicator 4.a.1 The percentage of children discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days.
95% is the standard.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Sanilac CMH State | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Indicator 4.a.2 The percentage of adults discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days.
95% is the standard.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|------------------|------------------|-------------|-------------|-------------|------------------|-------------|------------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 100 | 94.44 (17/18) | 94.44 (17/18) | 100 | 100 | 100 | 91.67 (11/12) | 100 | 93.33 (14/15) | 100 | 100 | 100 |
| Sanilac CMH State | 100 | 94.74 (18/19) | 94.12 (16/17) | 100 | 100 | 100 | 93.33 (14/15) | 100 | 93.33 (14/15) | 100 | 100 | 100 |

Performance Indicator 5

Indicator 5. Percentage of face-to-face assessments with professionals during the quarter that result in denials

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|-------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH State | 0.00% | 1.25% | 0.00% | 0.93% | 0.00% | 0.00% | 0.00% | 1.02% | 2.15% | 3.41% | 2.67% | 7.29% |

Performance Indicator 6

Indicator 6. The Percent of Habilitation Supports Waiver (HSW) Enrollees in the quarter who received at least one HSW Service each month other than Supports Coordination.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination | 72 | 71 | 72 | 71 | 72 | 71 | 70 | 65 | 54 | 54 | 62 | 60 |
| Total Number of HSW Enrollees | 72 | 72 | 74 | 73 | 73 | 71 | 70 | 67 | 60 | 60 | 64 | 62 |
| Sanilac's Totals | 100 | 98.61 | 97.3 | 97.3 | 98.6 | 100 | 100 | 97 | 90 | 90 | 96.9 | 96.8 |

Performance Indicator 8

Indicator 8.a. The percent of adults with mental illness served by the CMHSP that are employed competitively. This represents the total for FY21 YTD. (BH TEDS data) Report date 09/30/2021

| Population | Total # of Enrollees | # of Enrollees who are competitively employed | Competitive employment rate |
|------------|----------------------|---|-----------------------------|
| Sanilac | 824 | 144 | 17.48% |

Indicator 8.b. The percent of adults with developmental disabilities served by the CMHSP that are employed competitively. This represents the total for FY21 YTD. (BH TEDS data) Report date 09/30/2021

| Population | Total # of Enrollees | # of Enrollees who are competitively employed | Competitive employment rate |
|------------|----------------------|---|-----------------------------|
| Sanilac | 77 | 3 | 3.90% |

Indicator 8.c. The percent of adults dually diagnosed with mental illness/developmental disability served by the CMHSP that are employed competitively. This represents the total for FY21 YTD. (BH TEDS data) Report date 09/30/2021

| Population | Total # of Enrollees | # of Enrollees who are competitively employed | Competitive employment rate |
|------------|----------------------|---|-----------------------------|
| Sanilac | 170 | 13 | 7.65% |

Performance Indicator 10

Indicator 10.a The percentage of children readmitted to an inpatient psychiatric unit within 30 calendar days of discharge from a psychiatric inpatient unit.
15% or less within 30 days is the standard.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|----------------|-------------|-------------|-------------|----------------|-------------|----------------|----------------|-------------|
| Sanilac CMH PIHP | 14.29 | 0 | 0 | 25.00 (1/4) | 0 | 0 | 0 | 33.33 (1/3) | 0 | 25.00 (1/4) | 25.00 (1/4) | 14.29 |
| Sanilac CMH State | 14.29 | 11.11 | 0 | 25.00 (1/4) | 0 | 0 | 0 | 33.33 (1/3) | 0 | 25.00 (1/4) | 25.00 (1/4) | 14.29 |

Indicator 10.b The percentage of adults readmitted to inpatient psychiatric units within 30 calendar days of discharge from a psychiatric inpatient unit.
15% or less within 30 days is the standard.

| | 1Q FY 19 | 2Q FY 19 | 3Q FY 19 | 4Q FY 19 | 1Q FY 20 | 2Q FY 20 | 3Q FY 20 | 4Q FY 20 | 1Q FY 21 | 2Q FY 21 | 3Q FY 21 | 4Q FY 21 |
|----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|-------------|-------------|-------------|-------------|-------------|
| Sanilac CMH PIHP | 0 | 8.33 | 12.00 | 6.25 | 10.00 | 13.04 | 26.67 (4/15) | 5.00 | 4.76 | 8.00 | 8.33 | 8.33 |
| Sanilac CMH State | 0 | 8 | 12.50 | 5.56 | 9.52 | 12.50 | 22.22 (4/18) | 5.00 | 4.55 | 7.14 | 7.69 | 7.14 |

Performance Indicator 11

Indicator 11. The annual number of substantiated recipient rights complaints in the categories of Abuse I and II and Neglect I and II per 1,000 persons served by CMHSPs and by PIHPs. This represents FY 2021.

| RR Complaints | Abuse I | | Abuse II | | Neglect I | | Neglect II | |
|-------------------|---|--------------------------------------|---|--------------------------------------|---|--------------------------------------|---|--------------------------------------|
| | # of Complaints from Medicaid Beneficiaries | # of Complaints Substantiated by ORR | # of Complaints from Medicaid Beneficiaries | # of Complaints Substantiated by ORR | # of Complaints from Medicaid Beneficiaries | # of Complaints Substantiated by ORR | # of Complaints from Medicaid Beneficiaries | # of Complaints Substantiated by ORR |
| Sanilac CMH PIHP | 1 | 1 | 16 | 6 | 1 | 1 | 4 | 3 |
| Sanilac CMH State | 1 | 1 | 16 | 6 | 1 | 1 | 4 | 3 |

Performance Indicator 13

Indicator 13. The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s). This represents the total for FY21. YTD (BH TEDS data) Report date 09/30/2021

| Population | Total # of Enrollees | # of Enrollees with a developmental disability who live in a private residence alone, with spouse or non-relatives | Private residence rate |
|-------------|----------------------|--|------------------------|
| Sanilac CMH | 247 | 74 | 29.96% |

Performance Indicator 14

Indicator 14. The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s). This represents the total for FY21 YTD. (BH TEDS data) Report date 09/30/2021

| Population | Total # of Enrollees | # of Enrollees with serious mental illness who live alone, with spouse or non-relative | Private residence rate |
|-------------|----------------------|--|------------------------|
| Sanilac CMH | 824 | 537 | 65.17% |

NARRATIVE OF RESULTS

The following Performance Indicators for Sanilac recipients did not meet the performance standards that have been set by the Michigan Department of Health and Human Services:

For the 1st Quarter: Performance Indicator #4a states, *“Access-Continuity of Care: The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.” 95% or higher is the standard.* Our CMH did not meet the set standard for adults during the period. Of the 15 adults that were discharged during the quarter, 1 was seen outside the 7-day window which made us an outlier at 93.33%.

For the 2nd Quarter: Performance Indicator #10 states, *“Inpatient Recidivism; The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.” 15% or less is the standard.* Our CMH did not meet this standard for children during this time-period. Of the 4 children that were discharged, 1 was readmitted to an inpatient psychiatric hospital within 30 days of their prior discharge which made us an outlier at 25%.

For the 3rd Quarter: Performance Indicator #10 states, *“Inpatient Recidivism; The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.” 15% or less is the standard.* Our CMH did not meet this standard for children during this time-period. Of the 4 children that were discharged, 1 was readmitted to an inpatient psychiatric hospital within 30 days of their prior discharge which made us an outlier at 25%.

When Sanilac reports that the MDHHS standard for a performance indicator has not been achieved during a quarter, a root cause analysis looking for underlying factors is completed, along with a plan of improvement, which is then submitted to Region 10 PIHP along with the respective CMH data. The analysis is reviewed, and the plan of improvement is monitored over time by the PIHP along with the trend of scores on all the performance indicators. Sanilac has submitted a root cause analysis and a corrective action plan for the indicators our Agency did not meet the set performance standard.

Root Cause Analyses / Corrective Action Plans

For the 1st Quarter, for Performance Indicator #4a: The Hospital Liaison will coordinate with those providers of the hospitalized individuals, who are residing out of county, by informing them of the need to be seen within 7 days of discharge. The Hospital Liaison will obtain follow-up appointment date information and document this within the EMR.

When Sanilac County individuals are hospitalized, the Hospital Liaison is informed (via Access or by the Care Managers that monitor the out-of-county placements) when authorization is given. The Hospital Liaison will then call the hospital to ensure that Sanilac CMH is informed of the individual’s status and discharge so appropriate after care appointments can be arranged/scheduled.

For the 2nd and 3rd Quarters, for Performance Indicator #10: Sanilac CMH completes a root cause analysis on all readmission outliers. During the reviews of these instances, it was determined that the course of treatment in these cases was appropriate and no changes in process was needed.