

Sanilac County Community Mental Health Authority

Michigan Mission-Based Performance Indicator System

FY 2023
ANNUAL REPORT

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

FY2023 Annual Summary Report

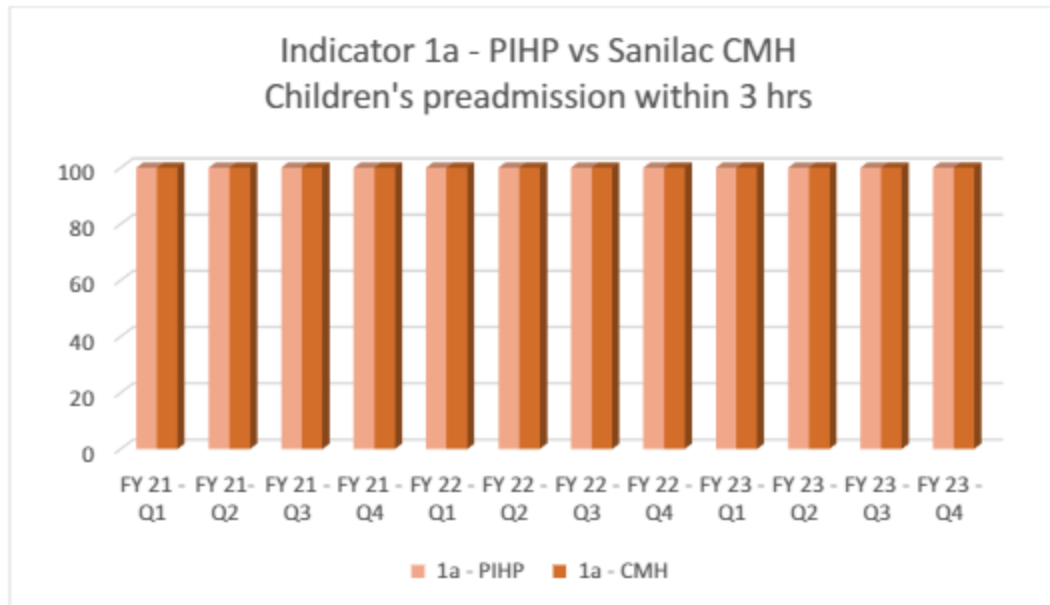
This report is a summary of the performance indicators reported to the Michigan Department of Health and Human Services (MDHHS) by the CMH for the PIHP and the State of Michigan. The Michigan Mission-Based Performance Indicator System (MMBPIS) was implemented in Fiscal Year 1997. The indicators have 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.

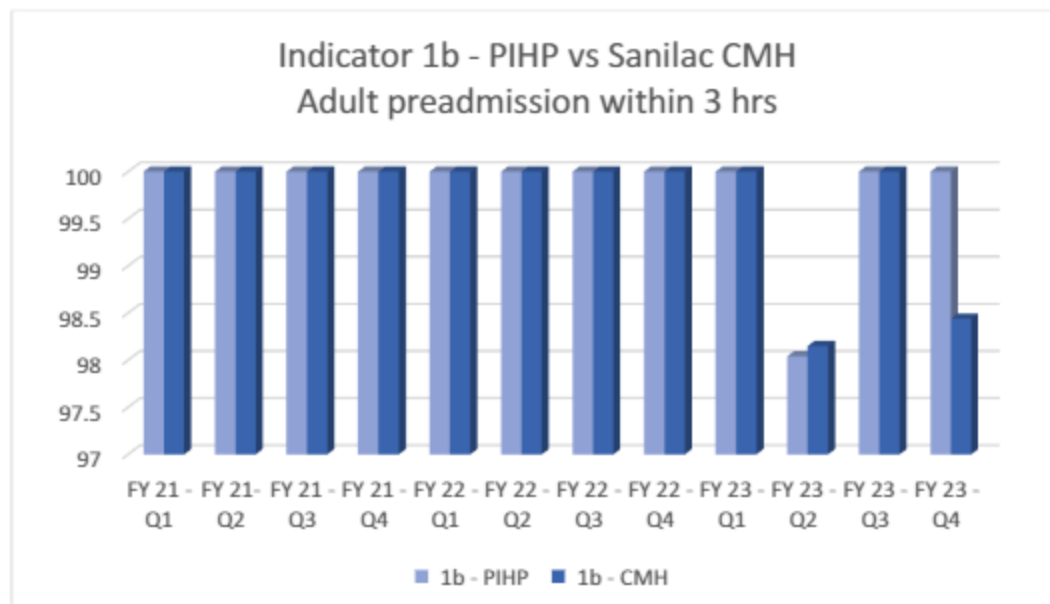
This report summarizes Sanilac's results for Fiscal Year 2023 as well as trending information for the past three years of Performance Indicator data.

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%.*

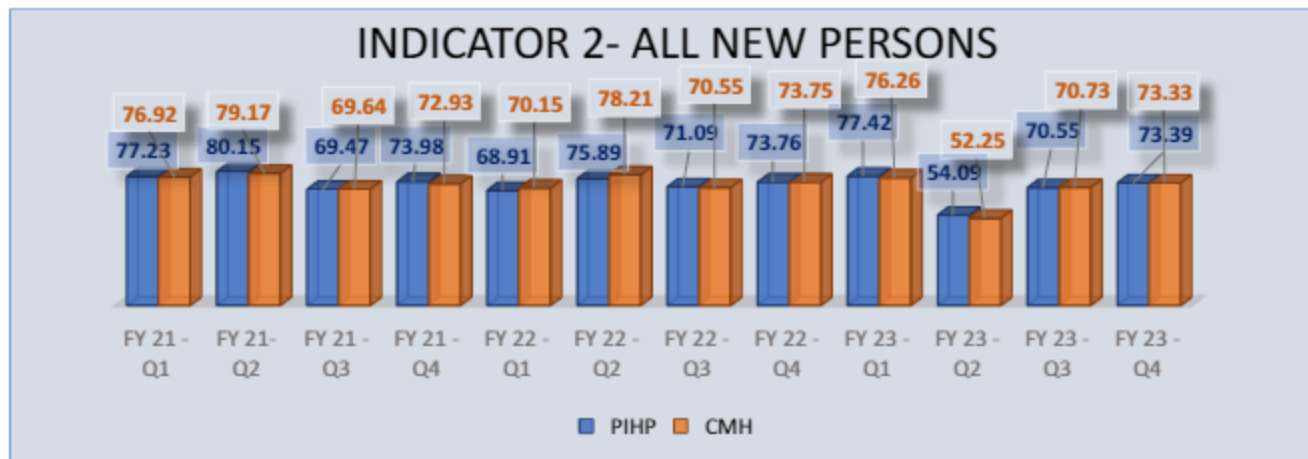


Indicator 1.b. The percentage of adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *The standard is 95%.*



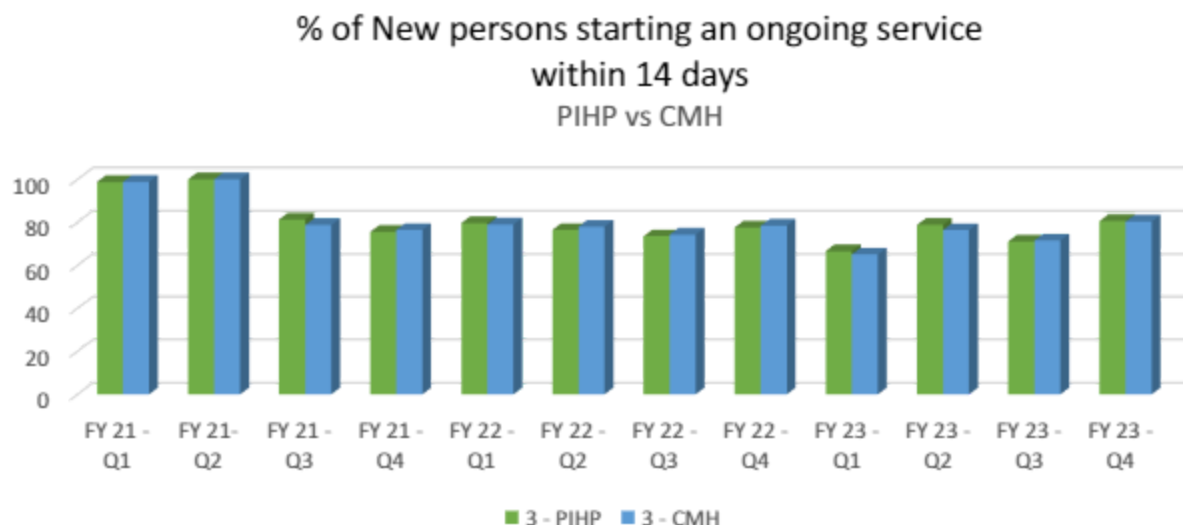
Performance Indicator 2

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 FY20 3rd Quarter** when the rules changed to not allow exceptions for individual choice. The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.



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 was the standard until FY20 3rd Quarter** when the rules changed to not allow exceptions for individual choice.

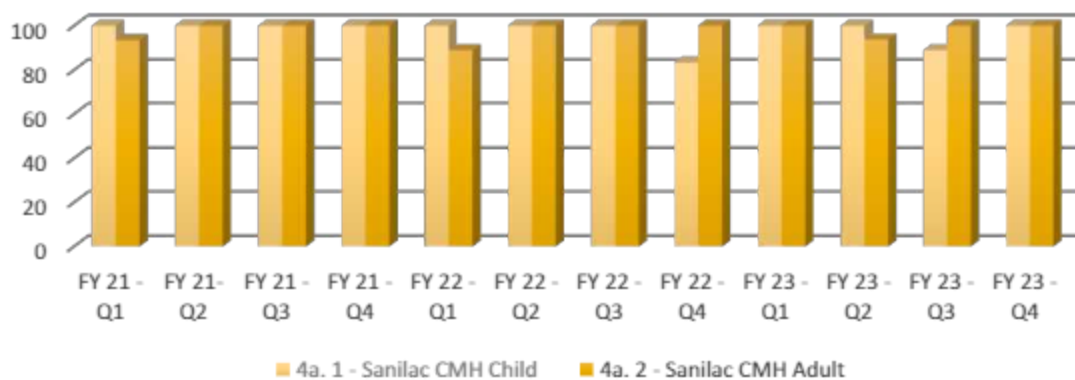


Performance Indicator 4

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.

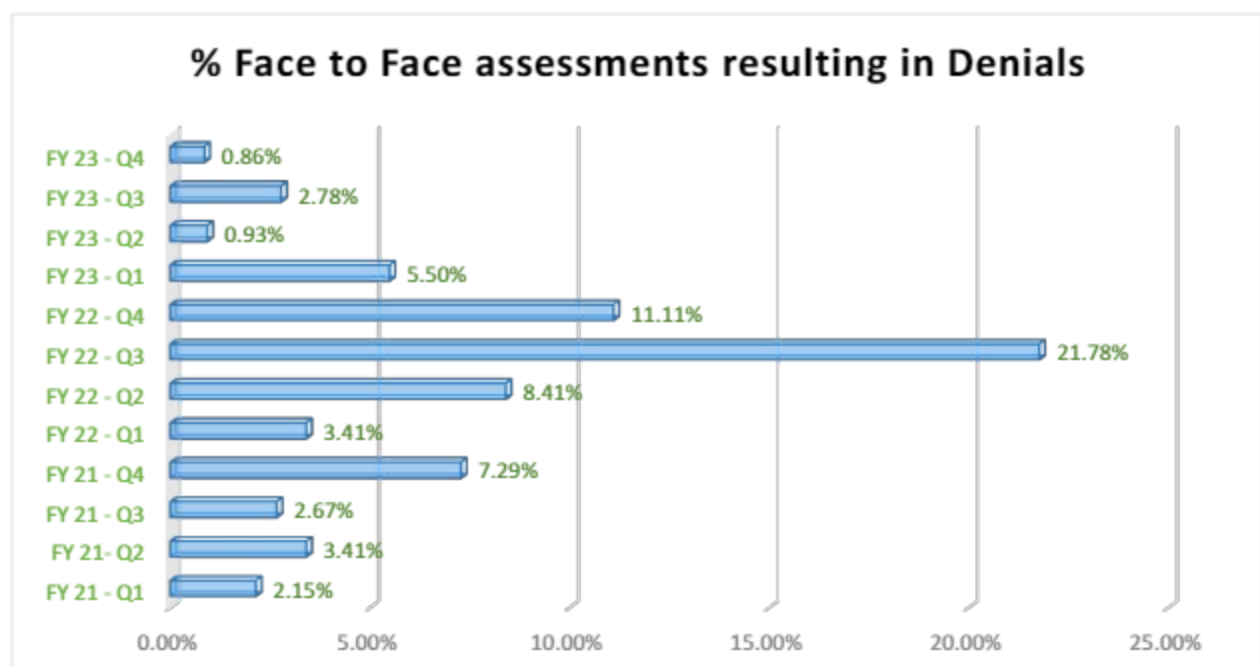
Indicator 4.a.2 The percentage of adults discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days. 95% is the standard.

% of with follow-up care within 7 days post inpatient discharge



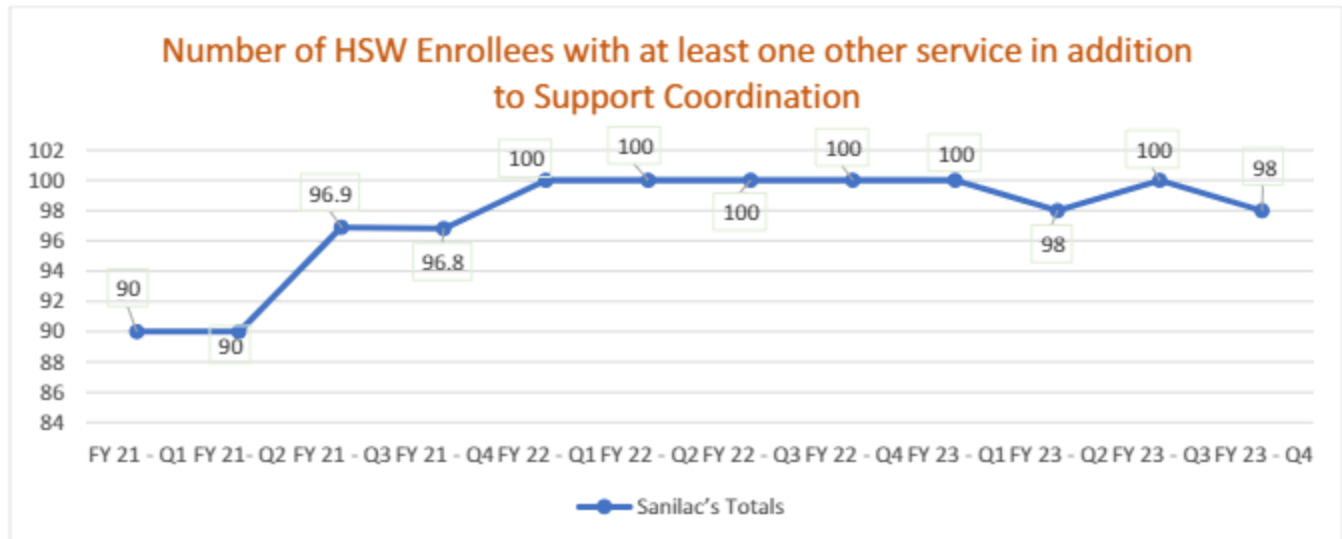
Performance Indicator 5

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



Performance Indicator 6

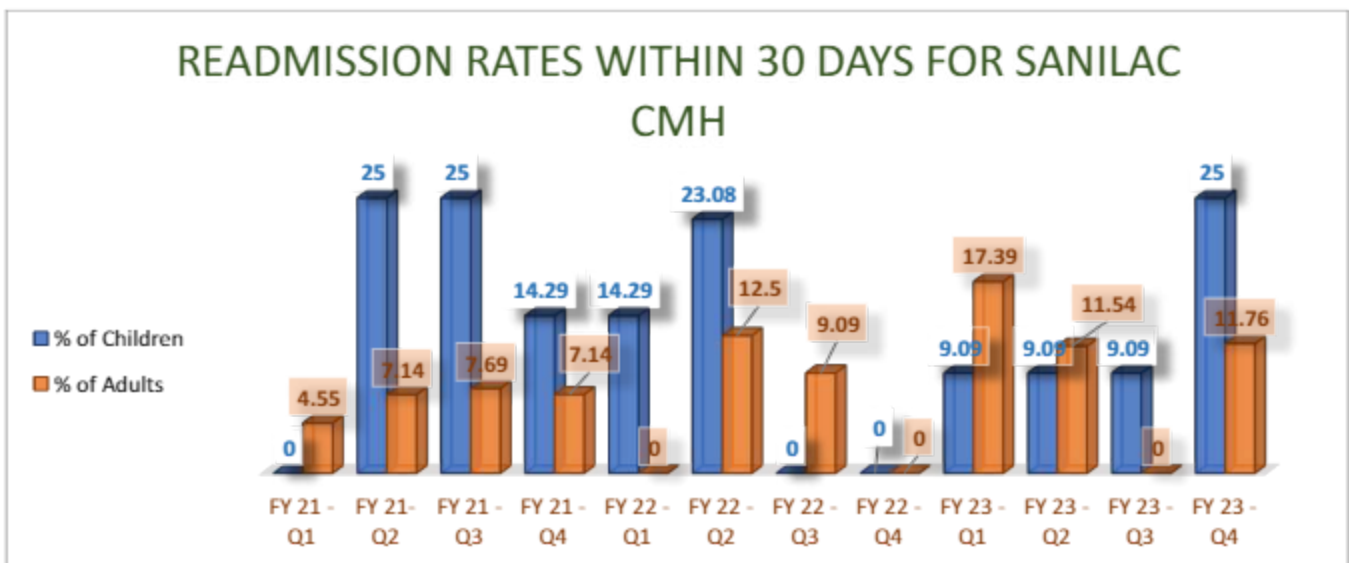
Indicator 6. The Percent of Habilitation Supports Waiver (HSW) Enrollees in the quarter who received at least one HSW Service each month other than Supports Coordination.



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.

Indicator 10.b The percentage of adults 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.



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 and 4th Quarters: 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 adults during the 1st Quarter time-period. Of the 23 adults that were discharged, 4 were readmitted to an inpatient psychiatric hospital within 30 days of their prior discharge, which made us an outlier at 17.39%. Our CMH did not meet this standard for children during the 4th Quarter time-period. Of the 12 children that were discharged, 3 were readmitted to an inpatient psychiatric hospital within 30 days of their prior discharge, which made us an outlier at 25%.

For the 2nd and 3rd Quarters: 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 2nd Quarter period. Of the 15 adults that were discharged during this quarter, 1 was seen outside the 7-day window which made us an outlier at 93%. Our CMH did not meet the set standard for children during the 3rd quarter period. Of the 9 children that were discharged during the quarter, 1 was seen outside the 7-day window which made us an outlier at 88.89%.

When Sanilac CMH 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 CMH has submitted a root cause analysis and a corrective action plan related to the set performance standards for the indicators which our Agency did not meet.

Root Cause Analyses / Corrective Action Plans

For Performance Indicator #10: Readmission cases that cannot be managed in an outpatient setting include wanting to harm themselves or others and needing to complete mandated treatment orders. These seven (7) readmissions cases were reviewed and deemed appropriate because of the severity of symptoms. These readmissions were deemed critical and essential. There are no new processes to be implemented regarding these readmissions.

For Performance Indicator #4a: Clinical staff at Sanilac CMH fill in for staff absences as often as they can. This Children's department was short-staffed during this reporting period and was not able to have staff fill in for the appointment.

