

Sanilac County Community Mental Health Authority

Michigan Mission-Based Performance Indicator System
FY 2020
2ND AND 3RD QUARTERS

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

FY2020 2nd and 3rd Quarter 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 October 1, 2006.

The indicators measure the performance of the CMH for all beneficiaries served with 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 the 2nd and 3rd Quarters of Fiscal Year 2020 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%.*

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
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%.*

	4Q FY	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
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 3rd Quarter when the criteria was modified and the standard was removed.**

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	100	100	100	100	100	100	100	100	100	97.96	100	79.41
Sanilac CMH State	100	100	100	100	100	100	100	100	100	98.18	100	78.48

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 3rd Quarter when the criteria was modified and the standard was removed.**

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	100	100	100	100	100	100	100	100	100	96.43	100	100
Sanilac CMH State	100	100	100	100	100	100	100	100	100	96.77	100	100

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 3rd Quarter when the criteria was modified and the standard was removed.**

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	100	100	100	100	100	100	100	100	100	98.11	100	69.05
Sanilac CMH State	100	100	100	100	100	100	100	100	100	98.36	100	69.81

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 3rd Quarter when the criteria was modified and the standard was removed.**

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
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 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 3rd Quarter when the criteria was modified and the standard was removed.**

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	100	100	100	100	100	100	100	100	100	100	100	75.00
Sanilac CMH State	100	100	100	100	100	100	100	100	100	100	100	75.00

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 3rd Quarter when the criteria was modified and the standard was removed.**

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	98.18	97.01	100	96.77	98.31	100	95.24	100	97.50	98.77	100	81.40
Sanilac CMH State	98.25	97.10	100	96.92	98.36	100	95.65	100	97.70	98.88	100	78.72

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 3rd Quarter when the criteria was modified and the standard was removed.**

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	100	93.10 (27/29)	100	95.24	100	100	76.92 (10/13)	100	100	94.44	100	80.00
Sanilac CMH State	100	93.10 (27/29)	100	95.45	100	100	78.57 (11/14)	100	100	95.00	100	80.00

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 3rd Quarter when the criteria was modified and the standard was removed.**

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	97.30	100	100	97.06	100	100	100	100	98.18	100	100	81.48
Sanilac CMH State	97.37	100	100	97.22	100	100	100	100	98.36	100	100	77.42

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 3rd Quarter when the criteria was modified and the standard was removed.**

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	100	100	100	100	50 (1/2)	100	100	100	100	100	100	75.00
Sanilac CMH State	100	100	100	100	50 (1/2)	100	100	100	100	100	100	75.00

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 3rd Quarter when the criteria was modified and the standard was removed.**

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	100	100	100	100	100	100	100	100	50 (1/2)	100	100	100
Sanilac CMH State	100	100	100	100	100	100	100	100	50 (1/2)	100	100	100

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.

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
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.

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	100	100	94.44 (17/18)	100	100	100	94.44 (17/18)	94.44 (17/18)	100	100	100	91.67 (11/12)
Sanilac CMH State	100	100	96.00	95.83	100	100	94.74 (18/19)	94.12 (17/16)	100	100	100	93.33 (14/15)

Performance Indicator 5

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

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH State	0.00%	0.00%	2.60%	0.00%	1.59%	0.00%	1.25%	0.00%	0.93%	0.00%	0.00%	0.00%

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.

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	62	71	72	75	75	72	71	72	71	72	71	70
Total Number of HSW Enrollees	62	71	72	76	76	72	72	74	73	73	71	70
Sanilac's Totals	100	100	100	98.68	98.68	100	98.61	97.3	97.3	98.6	100	100

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 FY19 YTD. (BH TEDS data) report date 09/30/2019

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Sanilac	611	82	13.42%

Indicator 8.b. The percent of adults with developmental disabilities served by the CMHSP that are employed competitively. This represents the total for FY19 YTD. (BH TEDS data) report date 09/30/2019

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Sanilac	138	2	1.45%

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 FY19 YTD. (BH TEDS data) report date 09/30/2019

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Sanilac	169	10	5.92%

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.

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	33.33 (4/12)	0	0	25.00 (2/8)	20.00 (1/5)	14.29	0	0	25.00 (1/4)	0	0	0
Sanilac CMH State	33.33 (4/12)	0	0	25.00 (2/8)	20.00 (1/5)	14.29	11.11	0	25.00 (1/4)	0	0	0

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.

	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY 19	3Q FY 19	4Q FY 19	1Q FY 20	2Q FY 20	3Q FY 20
Sanilac CMH PIHP	0	26.32 (5/19)	7.41	9.09	26.32 (5/19)	0	8.33	12.00	6.25	10.00	13.04	26.67 (4/15)
Sanilac CMH State	0	25.00 (5/28)	20.59 (7/34)	10.71	26.32 (5/19)	0	8	12.50	5.56	9.52	12.50	22.22 (4/18)

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 2019.

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	0	15	11	0	0	1	1
Sanilac CMH State	1	0	15	11	0	0	1	1

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 FY19. YTD (BH TEDS data) Report date 09/30/2019

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	89	16	17.98%

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 FY19 YTD. (BH TEDS data) Report date 09/30/2019

Population	Total # of Enrollees	# of Enrollees with serious mental illness who live alone, with spouse or non-relative	Private residence rate
Sanilac CMH	401	243	60.60%

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 3rd 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 12 adults that were discharged during the quarter, 1 was seen outside the 7-day window which made us an outlier at 91.67%.

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 adults during this time-period. Of the 15 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 26.67%.

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 corrective action plan for the indicator our Agency did not meet the set performance standard.

Root Cause Analyses / Corrective Action Plans

For Indicator #4a: When there is a potential cancelled follow-up appointment due to a staff’s absence: The Clinical Supervisor shall be notified of the staff’s absence and will review the scheduled individual’s case and reassign a clinical staff to fill in (for the absent clinician) and attend the scheduled follow-up appointment with the individual. In the event that there are no available clinicians to cover the appointment, the Clinical Supervisor shall be the reassigned clinician and shall attend the follow-up appointment with the individual. This process will be monitored and reviewed on an ongoing basis.

For Indicator #10: Sanilac CMH has a committee that reviews all recidivism cases in order to ensure that appropriate levels of care and service are put into place to reduce the number of inpatient psychiatric readmissions. This committee reviews the cases that relate to recidivism and/or those that have generated a reason for a root cause analysis.

Discharge interventions/process: The Hospital Liaison follows up with the hospital and sets up appointment dates. This might be an intake, CSM appointment, and/or therapy appointment. The individual is seen within 7 days. They are also set up with the doctor with the next available appointment. If the individual wished to be seen outside of the CMH they are provided with resources and if possible, we set up an appointment before they leave the hospital, in coordination with the hospital social worker. They are provided information on individual specific crisis planning and the crisis line number. All four readmission cases were reviewed by the committee and were deemed as appropriate readmissions. In all four instances of psychiatric inpatient admission – this care was deemed critical and essential. There are no new processes to be implemented regarding these readmissions.