

Sanilac County
Community Mental Health Authority

Michigan Mission-Based Performance Indicator System

FY 2022
ANNUAL REPORT

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

FY2022 Annual Summary Report

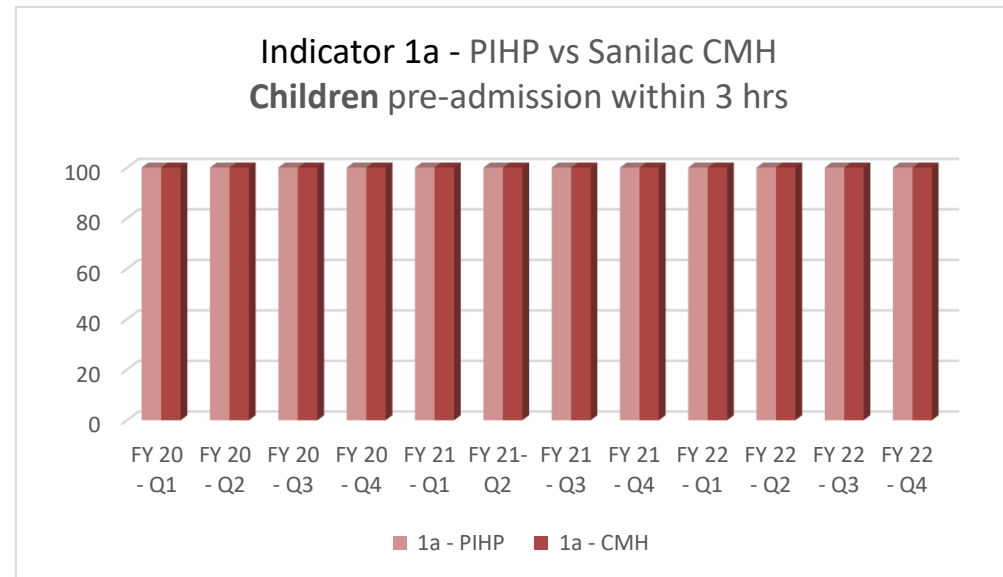
This report is a summary of the performance indicators reported to the Michigan Department of Health and Human Services (MDHHS) by the CMH for the PIHP and the State of Michigan. The Michigan Mission-Based Performance Indicator System (MMBPIS) was implemented in fiscal year 1997. The indicators have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

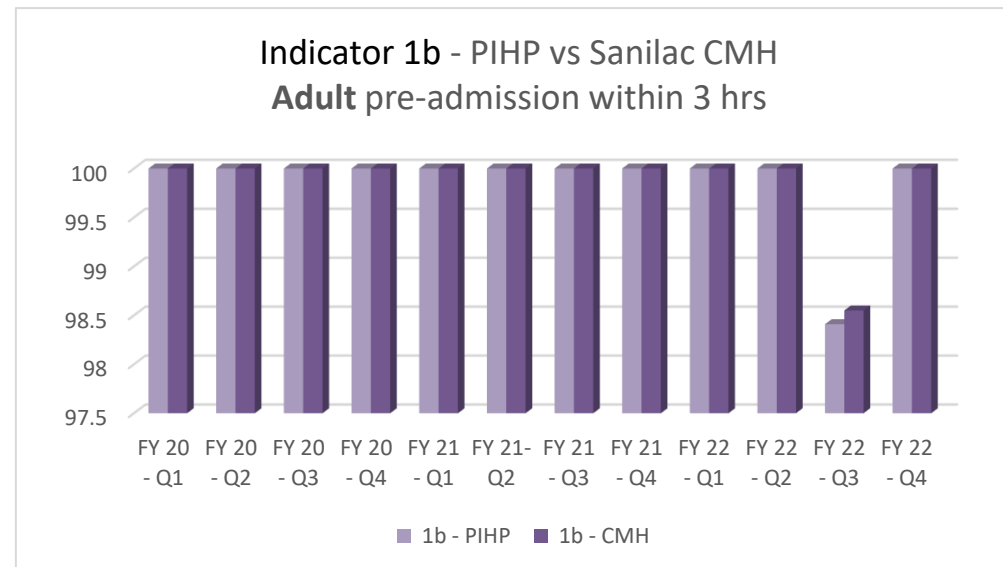
This report summarizes Sanilac's results for Fiscal Year 2022 as well as trending information for the past three years of Performance Indicator data.

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%.**



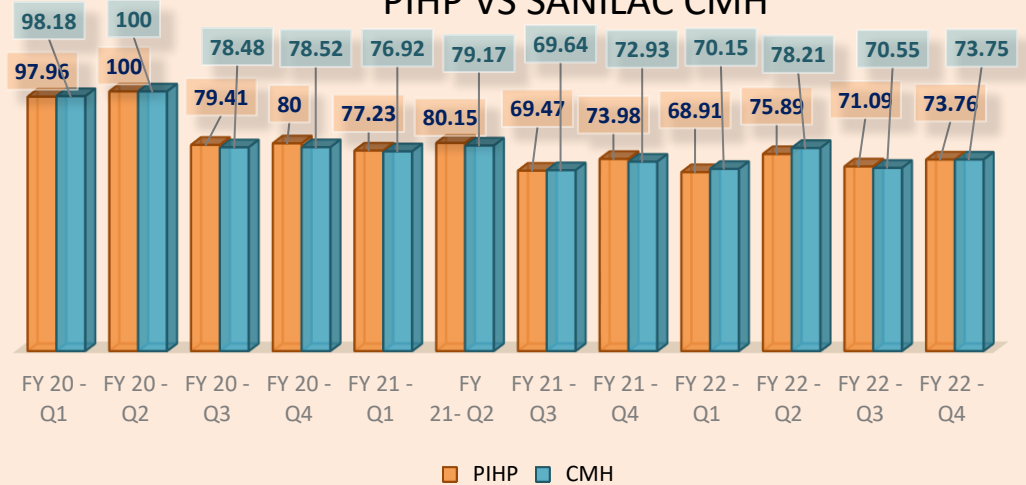
Performance Indicator 2

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 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.

Effective 04/01/2020: The percentage of new children with emotional disturbance and 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.

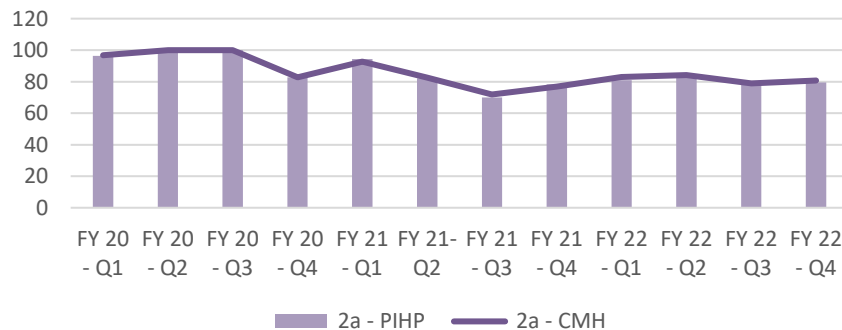
INDICATOR 2- ALL NEW PERSONS

PIHP VS SANILAC CMH

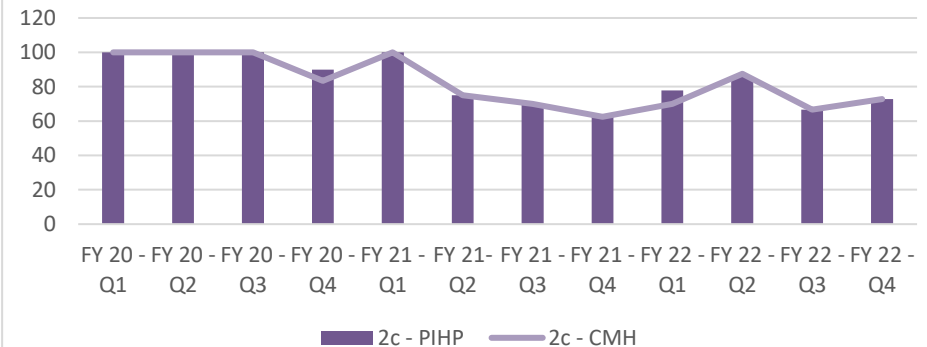


Indicator 2.a. The percentage of **new children with emotional disturbance** receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. **95% was the standard until FY 20 3rd Quarter.**

2a - New Children Emotional Disturbance assessments within 14 days CMH vs PIHP



2c - New Children Developmental Disability assessments within 14 days CMH vs PIHP



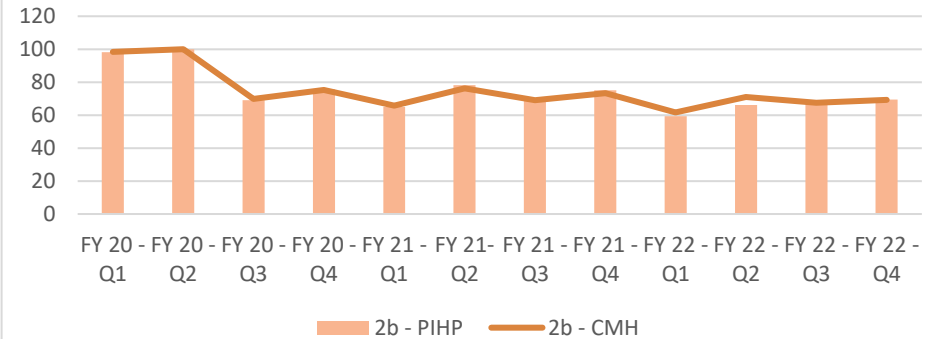
Indicator 2.c. The percentage of **new children with developmental disabilities** receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. **95% was the standard until FY 20 3rd Quarter.**

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 new adults with mental illness and new adults with I/DD during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.

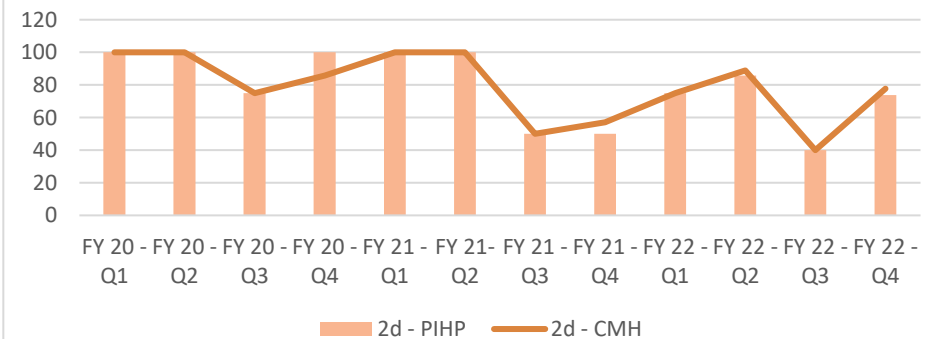
**2b - New Adults with Mental Illness
assessments within 14 days**

CMH vs PIHP



**2d - New Adults with Developmental Disability
assessments within 14 days**

CMH vs PIHP

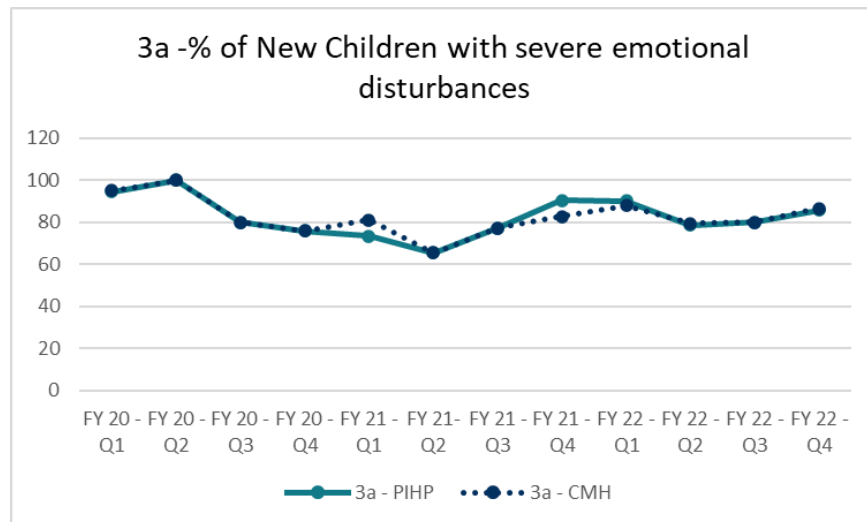


Indicator 2.d. The percentage of new adults with developmental disabilities receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. **95% was the standard until FY 20 3rd Quarter.**

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.

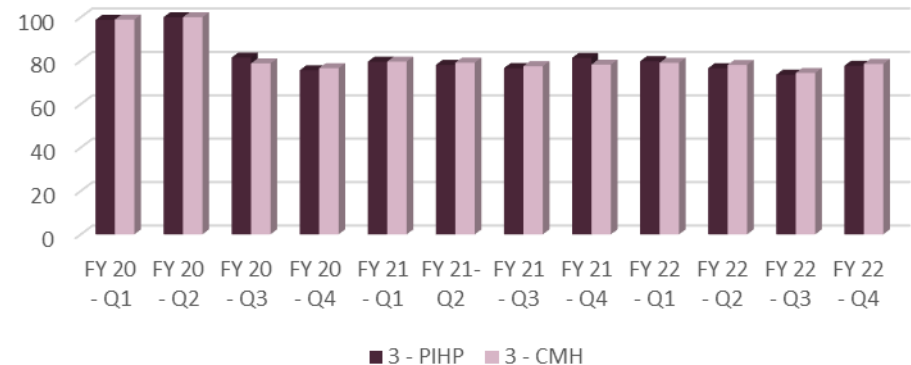


Indicator 3.b. The percentage of new adults with mental illness starting any needed on-going service within 14 days of a non-emergent assessment with a professional. **95% within 14 days was the standard until FY20 3rd Quarter.**

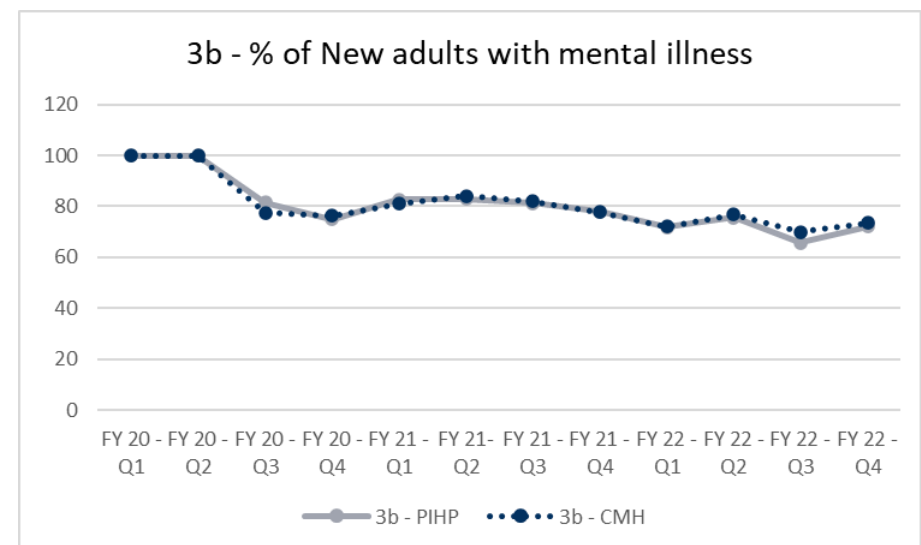
Effective 04/01/2020: Percentage of new children with SED and new adults with SPMI during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.

% of New persons starting an ongoing service within 14 days

PIHP vs CMH

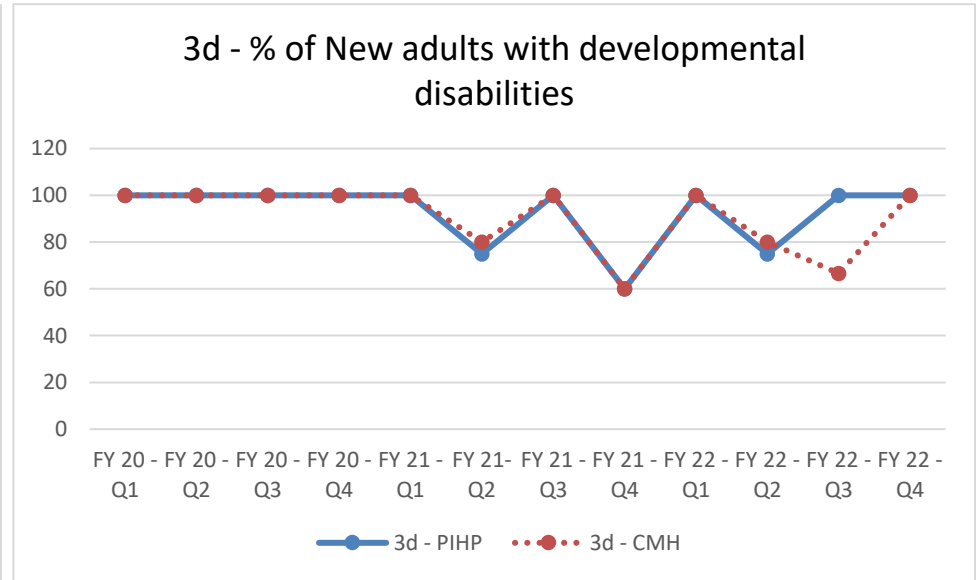
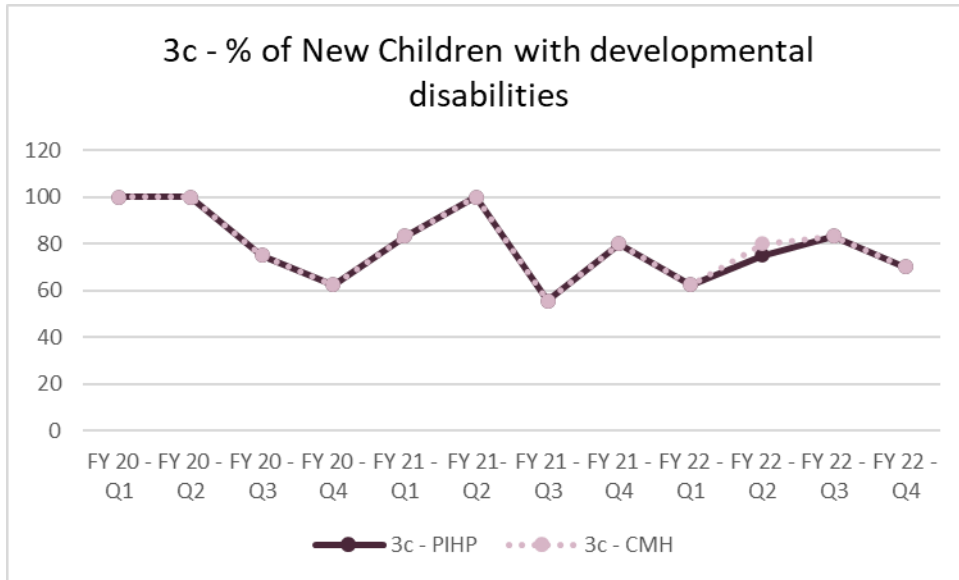


Indicator 3.a. The percent of new children with emotional disturbance starting any needed on-going service within 14 days of a non-emergent assessment with a professional. **95% within 14 days was the standard until FY20 3rd Quarter.**



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.**

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.**

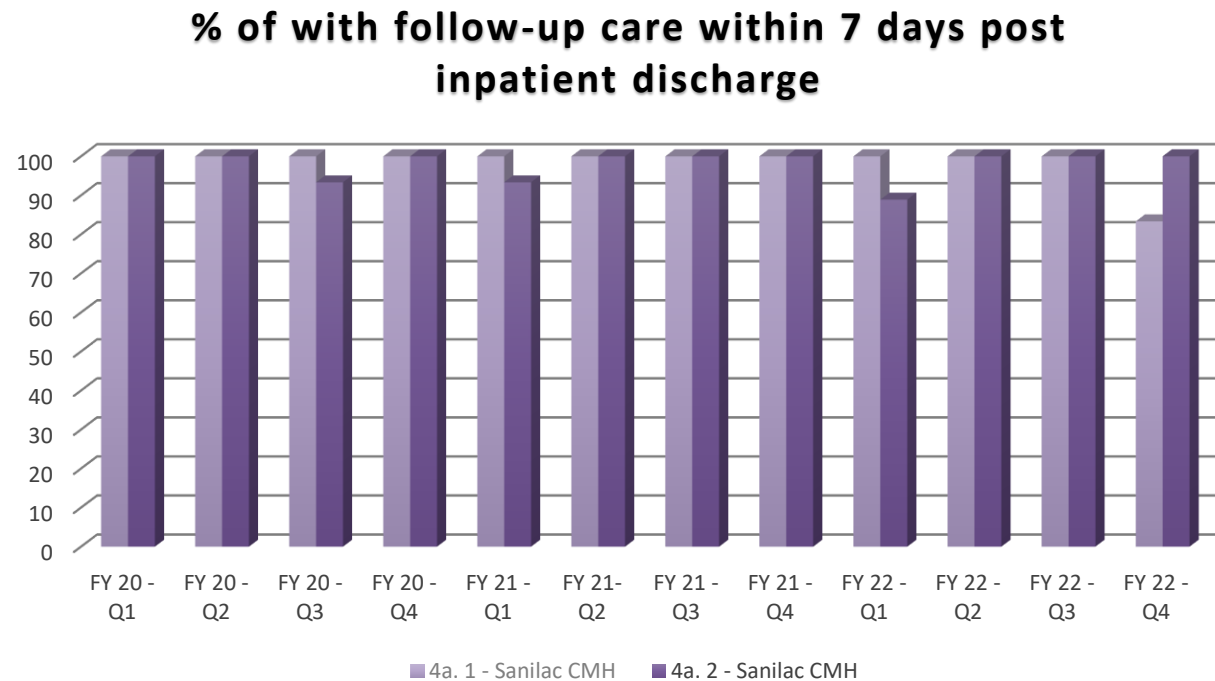


Effective 04/01/2020: Percentage of new children with I/DD and new adults with I/DD during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.

Performance Indicator 4

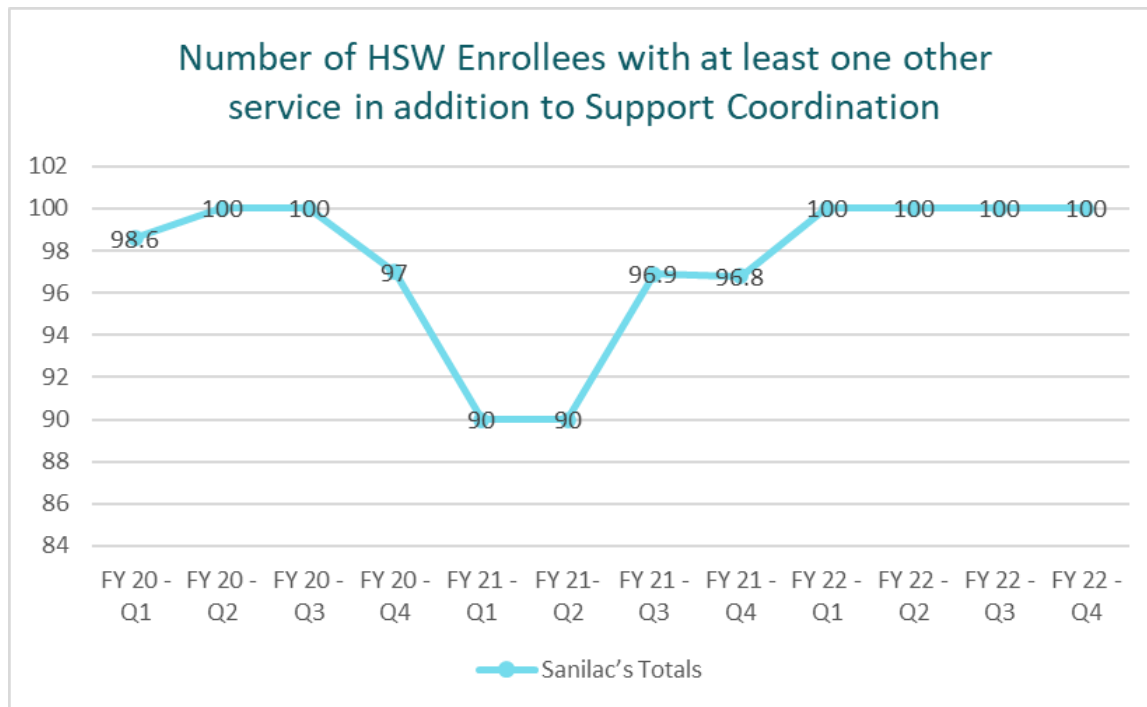
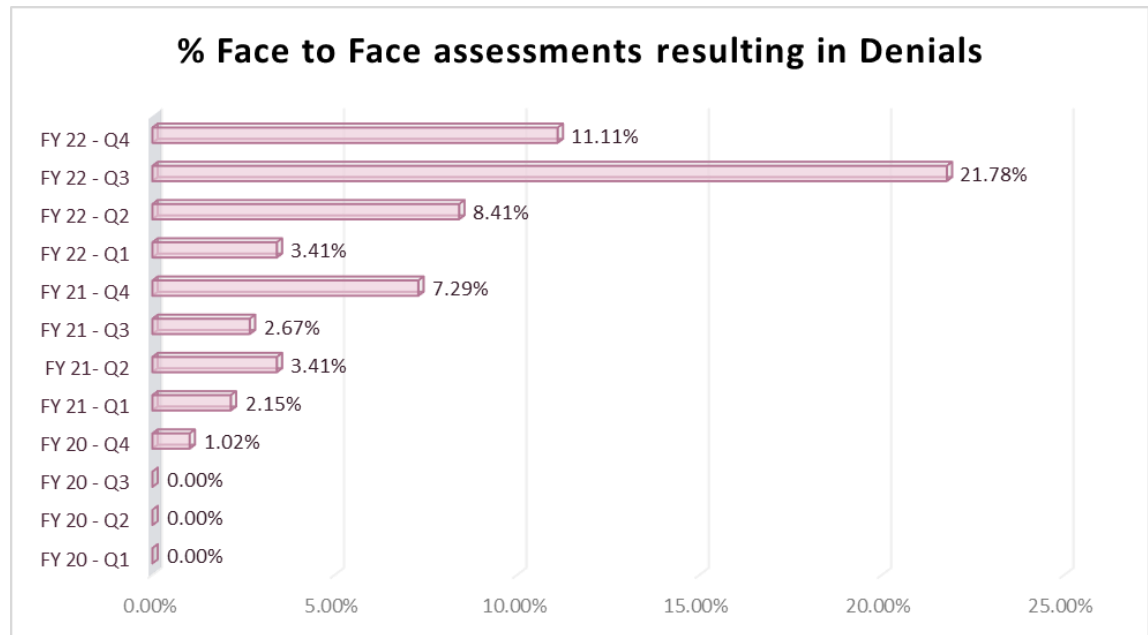
Indicator 4.a.1 The **percentage of children discharged** from a psychiatric inpatient unit who are seen for follow-up care within seven days. **95% is the standard.**

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.**



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 8

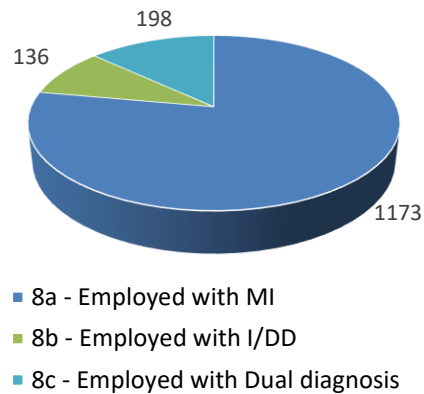
The reports below represent the total for FY22 YTD. BH TEDS data pulled through the end date of 9/30/2022.

Indicator 8.a. The percent of adults with mental illness served by the CMHSP that are employed competitively.

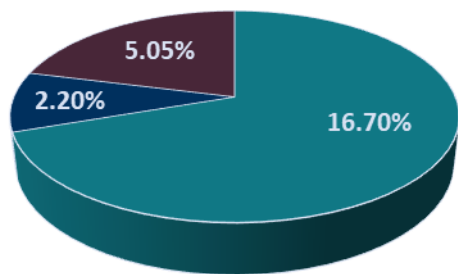
Indicator 8.b. The percent of adults with developmental disabilities served by the CMHSP that are employed competitively.

Indicator 8.c. The percent of adults dually diagnosed with mental illness/developmental disability served by the CMHSP that are employed competitively.

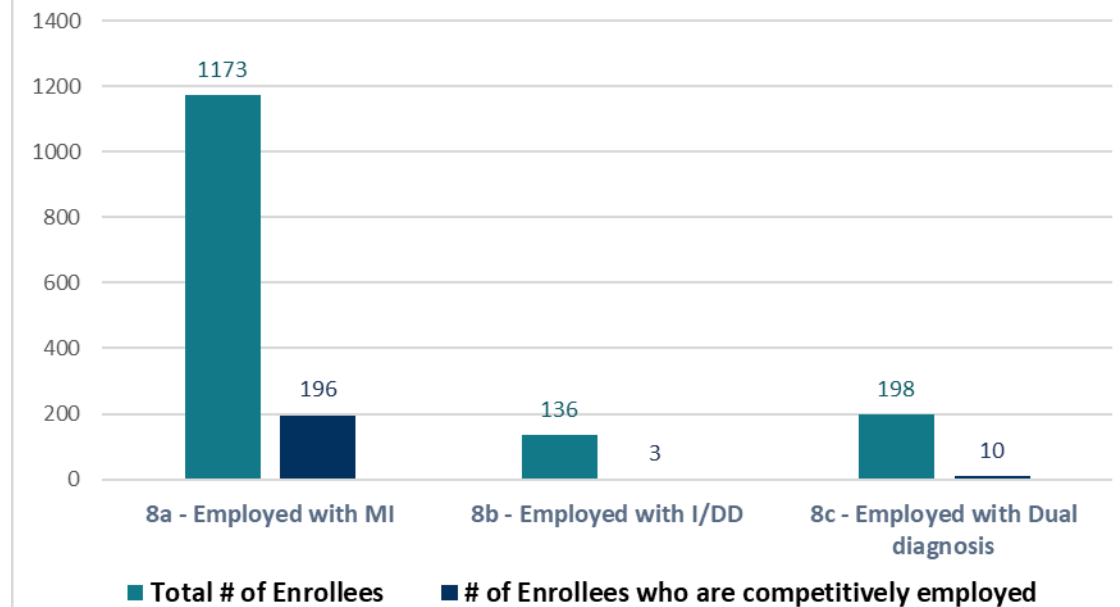
Total # of Adult individuals served at Sanilac CMH



Competitive employment rate % by diagnosis



of Enrollees vs # of Enrollees who are employed

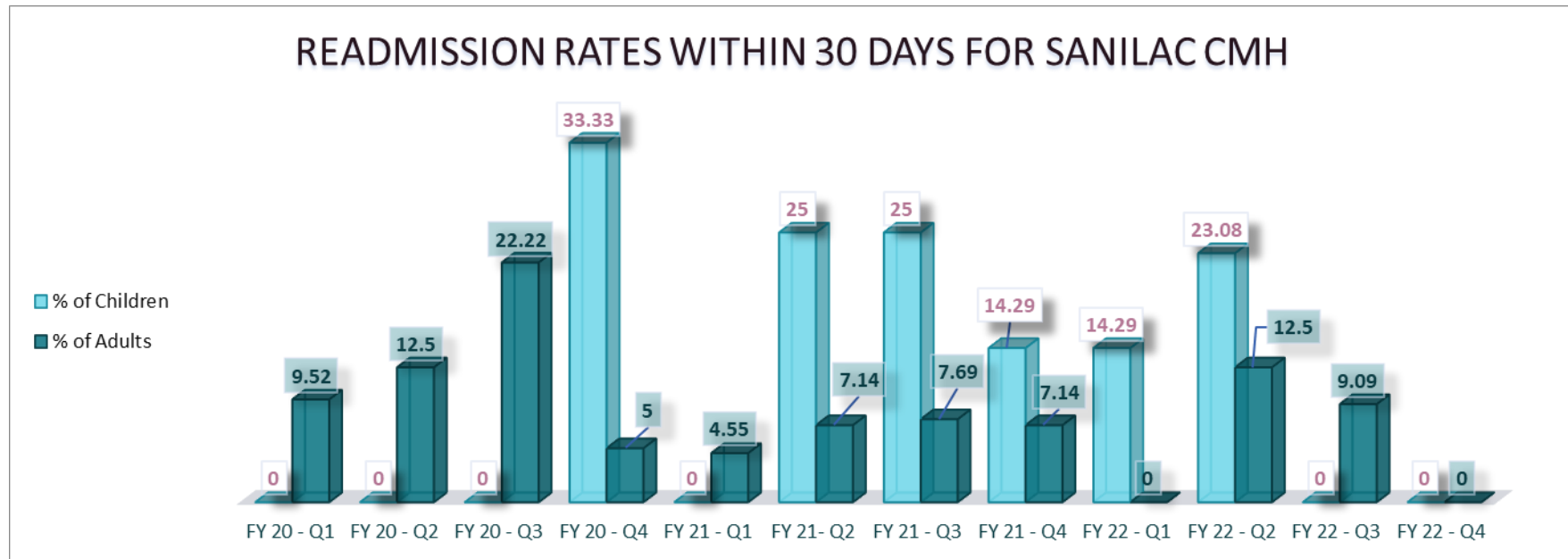


■ 8a - Employed with MI
 ■ 8b - Employed with I/DD
 ■ 8c - Employed with Dual diagnosis

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.

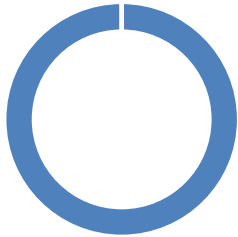
Indicator 10.b The percentage of adults readmitted to inpatient psychiatric units within 30 calendar days of discharge from a psychiatric inpatient unit.
15% or less within 30 days is the standard.



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 2022.

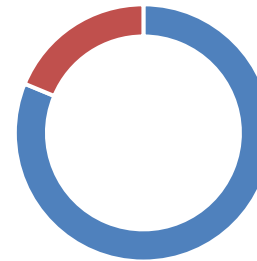
Abuse 1



■ # of Complaints from Medicaid Beneficiaries = 1

■ # of Complaints Substantiated by ORR = 0

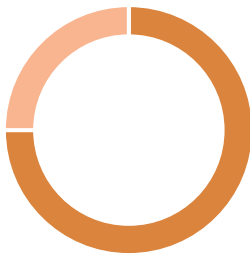
Abuse 2



■ # of Complaints from Medicaid Beneficiaries = 13

■ # of Complaints Substantiated by ORR = 3

Neglect 1



■ # of Complaints from Medicaid Beneficiaries = 3

■ # of Complaints Substantiated by ORR = 1

Neglect 2

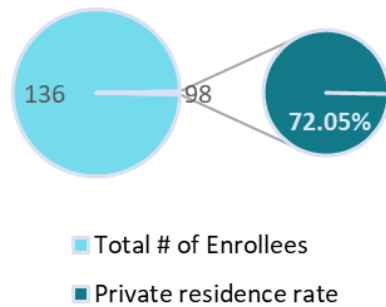


■ # of Complaints from Medicaid Beneficiaries = 2

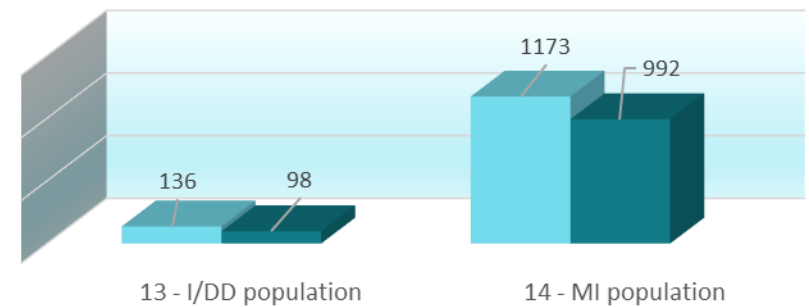
■ # of Complaints Substantiated by ORR = 1

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).

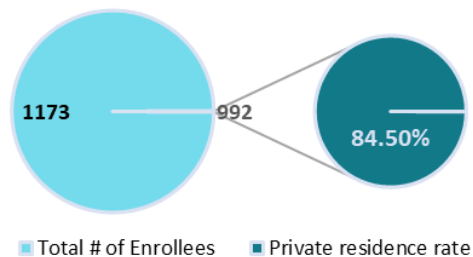


Private Residence living arrangement comparison by diagnosis



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 FY22 YTD (BH TEDS data) Report date ending 09/30/2022.

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 9 adults that were discharged during the quarter, 1 was seen outside the 7-day window which made us an outlier at 88.89%.

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 13 children that were discharged, 3 was readmitted to an inpatient psychiatric hospital within 30 days of their prior discharge which made us an outlier at 23.08%.

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.

For the 3rd Quarter there was no analyses needed.

For the 4th Quarter, for 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 Children during this period. Of the 10 children who were discharged from psychiatric inpatient units during the quarter, 4 of these qualified as an exception, resulting in 6 discharges. All but one of the nine discharges had a follow-up appointment within 7 days of discharge. The resulting percentage dropped below the 95% benchmark with a score of 83.33%.

Root Cause Analyses / Corrective Action Plans

For the 1st Quarter, for Performance Indicator #4a: The Hospital Liaison spoke with Hurley Medical Center and requested the discharge paperwork for this individual. A hospital reference sheet has been provided to all hospitals that we have letters of agreements with as well as those that we contract with. This reference sheet includes information regarding the regional and state guidelines for follow up care after psychiatric discharge occurring within seven days of discharge. There is also Sanilac CMH staff contact information included in the document.

For the 2nd Quarter, for Performance Indicator #10: Sanilac CMH completed a root cause analysis on all readmission outliers. The readmission cases that cannot be managed in an outpatient setting include suicide attempts. These three readmissions were needed due to the severity of symptoms and behaviors of these three children. The readmission 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 the 4th Quarter, for Performance Indicator #4a: The child who was not seen within seven (7) days of discharge had a follow-up appointment scheduled on 8/6/22 with a Home-Based Program Clinician. The CMH Hospital Liaison scheduled this follow-up appointment. We were not able to locate the documentation of the follow up appointment in our electronic medical record. Additionally, we were not able to complete any follow-up clarification with the clinician as they are no longer employed with the agency. Note: the individual was seen at their home on 8/19/22 and still open to services at Sanilac CMH. This outlier has been reviewed by staff in the Children’s department and has been determined to be an isolated incident. The department will conduct training on proper documentation of visits and timeliness of completion.