

5/13/10



Overview

Northern Lakes Community Mental Health measures, monitors and manages organizational performance in a variety of ways in order to meet various statutory, legal, fiduciary, accreditation and internal monitoring requirements. The purpose of this report is to present an annual transparent composite performance summary across five distinct domains, composed of a variety of measures accumulated over the course of the fiscal year. New methods of formal performance monitoring are incorporated into the most appropriate domain as they are initiated and the results become available.

Northern Lakes Community Mental Health Authority
2009 Agency Performance Assessment

Assessment #	FY 2009 <u>Domain Score</u>
1 Consumer	82.5%
External	74.9%
Internal	90.1%
2 Ownership	87.9%
External	76.2%
Internal	99.5%
3 Financial	99.7%
External	99.3%
Internal	100.0%
4 Manager	91.5%
External	91.5
Internal	NA
5 Provider	94.4%
External	96.4%
Internal	92.3%
Overall Score	91.2%

Domain 1: Consumer Assessment

External Assessment:

- 1.1 There was no Consumer Forum conducted by Consumer Advocacy Council during FY 09 Subtotal = NA
- 1.2 Families receiving Home Based services directly provided by NLCMH were surveyed by completing the Youth Satisfaction Scale (or YSS) consistent with the MDCH Statewide Survey Plan, however results are not available as of yet.
- 1.3 Families receiving Home Based services contractually provided were surveyed by completing the Youth Satisfaction Scale (or YSS) consistent with the MDCH Statewide Survey Plan, however results are not available as of yet.
- 1.4 Adults receiving Assertive Community Treatment services completed the Mental Health Statistical Improvement Package (or MHSIP) consistent with the MDCH Statewide Survey Plan. MDCH reported the percent of agreement in each of seven domains.

Assertive Community Treatment Services	<u>Percent of Agreement</u>
General Satisfaction	90.9%
Access	84.8%
Quality/Appropriateness	83.9%
Participation in Treatment Planning	74.3%
Outcomes	77.3%
Functioning	72.7%
Social Connectedness	<u>60.6%</u>
Subtotal =	77.8%

- 1.5 As part of its effort to transform the public mental health system to a recovery focused system of care, MDCH required each CMHSP develop a local plan for the administration of the Recovery Enhancing Environments (or REE) survey for adults with mental illness. The results measure how successful programs are at creating atmospheres where recovery can flourish. The percent of all respondents indicating commitment to recovery, active involvement in the process of recovery or being fully recovered were combined to describe the sum total percent of respondents reporting being actively recovery focused.

I am committed to recovery and making plans to take action very soon	16.0%
I am actively involved in the process of recovery	49.0%
I feel that I am fully recovered; I just have to maintain my gains	<u>7.0%</u>
Subtotal =	72.0%

Internal Assessment:

1.6 The Northern Lakes CMH Authority Board conducted two evaluations of the agency Ends Policy in 2009.

	<u>Possible Score</u>	<u>Actual Score</u>	<u>Percent</u>
March 19, 2009	65	65	100.0%
September 17, 2009	66	66	<u>100.0%</u>
			Subtotal = 100%

1.7 The NLCMH Quality Improvement Committee monitors outcomes of services through an annual outcome monitoring report of (among other outcomes) effectiveness against internal performance targets.

	<u>Performance Target</u>	<u>Actual Performance</u>	<u>% of Target Achieved</u>
Percent in competitive employment	50%	30.1%	60.2%
Percent earning minimum wage	90%	91.1%	<u>100.0%</u>
			Subtotal = 80.1%

Domain 1: Consumer Assessment Summary

External Assessment:

1.1 Consumer & Stakeholder Satisfaction	NA
1.2 Home Based Survey –Directly Provided	NA
1.3 Home Based Survey – Contractually Provided	NA
1.4 Assertive Community Treatment Survey	77.8%
1.5 Recovery Enhancing Environments (REE) Survey	<u>72.0%</u>
	Subtotal = 74.9%

Internal Assessment:

1.6 Board Ends Policy Evaluation	100%
1.7 Quality Improvement Effectiveness measures	<u>80.1%</u>
	Subtotal = 90.1 %

Domain Score: 165 / 2 = 82.5%

Domain 3: Financial Assessment

External Assessment:

- 3.1 An annual external financial audit by Roslund, Prestage and Company, P.C was conducted with no material findings.
External Financial Audit Report Results Subtotal = 100.0%
- 3.2 An annual external compliance audit report by Roslund, Prestage and Company, P.C. was conducted with no reportable conditions that are individually or cumulatively material weaknesses in internal control. No known fraud.
External Compliance Audit Report Results Subtotal = 98.0%
- 3.3 An external Single Audit Report (Federal Awards) was completed by Roslund, Prestage and Company, P.C. There was agreement with the federal revenues reported in the financial statements.
External Single Audit Report Results Subtotal = 100.0%

Internal Assessment:

Northern Lakes CMH monitors its financial position on a monthly basis with two key indicators:

3.4	Ratio of cash on hand to short term debt:	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sept</u>
		5.4	13.9	13.0	7.6	7.0	5.2	4.7	4.2	4.7	4.4	4.3	4.3
				Possible		# of Months			% of Months				
	Ratio of cash on hand to short term debt	<u>Target</u>		<u>Months</u>		<u>Exceeding Target</u>			<u>Exceeding Target</u>				
		>2.0		12		12			Subtotal = 100.0%				
3.5	Ratio of debt to net worth:	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sept</u>
		0.6	0.3	0.3	0.4	0.5	0.6	0.7	0.7	0.7	0.7	0.7	0.7
				Possible		# of Months			% of Months				
	Ratio of debt to net worth	<u>Target</u>		<u>Months</u>		<u>Exceeding Target</u>			<u>Exceeding Target</u>				
		<2.5		12		12			Subtotal = 100.0%				

Domain 3: Financial Assessment Summary

External Assessment:

3.1 Annual External Financial Audit Report results	100.0%
3.2 Annual External Compliance Audit Report results	98.0%
3.3 External Single Audit Report results	<u>100.0%</u>
	Subtotal = 99.3%

Internal Assessment:

3.4 Cash to debt ratio	100.0%
3.5 Debt to Net Worth ratio	<u>100.0%</u>
	Subtotal = 100.0%

Domain Score: 199.3 / 2 = 99.7%

Domain 4: Manager Assessment

External Assessment:

4.1 Northern Lakes CMH maintained three year accreditation for Services Management Network from CARF International. Subtotal = 100.0%

4.2 As the State of Michigan’s contracted external quality review organization, Health Services Advisory Group from Phoenix, Arizona, conducted a follow-up review for compliance monitoring of Northern Lakes CMH pre-paid inpatient health plan (PIHP) functions and reported scores:

	<u>Score</u>
Quality Assessment and Performance Improvement Program (QAPIP) Plan and Structure	94.0%
Performance Measurement	100.0%
Practice Guidelines	100.0%
Staff Qualifications	83.0%
Utilization Management	93.0%
Customer Services	98.0%
Enrollee Grievance Process	96.0%
Enrollee Rights and Protections	100.0%
Subcontracts and Delegation	100.0%
Provider Network	100.0%
Credentialing	100.0%
Access and Availability	88.0%
Coordination of Care	100.0%
Appeals	98.0%
Subtotal =	96.4%

4.3 As the State of Michigan’s contracted external quality review organization, Health Services Advisory Group also conducted a summary assessment of the NWCMA Quality Assessment Performance Improvement Project on improving the penetration rates for children’s services. The project received a validation status of Not Met with 69% of the evaluation elements *Met* and 70% of the critical elements *Met*. Subtotal = 69.5%

4.4 As the State of Michigan’s contracted external quality review organization, Health Services Advisory Group also conducted a validation review of performance indicators submitted by the NWCMA to the Michigan Department of Community Health. 14 individual indicators were reviewed and all 14 were found to be *Fully Compliant*. Subtotal = 100.0%

4.5 The Michigan Department of Community Health conducted a full site visit of the Northwest CMH Affiliation with the following findings:

	<u>Actual</u>	<u>Possible</u>	<u>Percent</u>
Consumer Involvement	8	8	100%
General	3	4	75%

Peer Delivered and Operated Drop-In Centers	10	10	100%
Home Based	20	26	77%
ACT	28	32	88%
PSR (clubhouse)	25	26	96%
Crisis Residential Services	19	22	86%
Targeted Case Management	13	14	93%
Personal Care in Licensed Residential Settings	13	14	93%
Inpatient Psychiatric	15	20	75%
Habilitation Waiver	20	24	83%
Additional Mental Health Services (b3)	30	32	94%
Jail Diversion	6	12	50%
Co-Occurring Mental Health and Substance Abuse	18	18	100%
Substance Abuse Access and Treatment	11	12	92%
Person Centered Planning	27	32	84%
Plan of Service and Documentation Requirements	9	16	56%
Provider Network/Administration	7	10	70%
Quality Improvement	9	10	90%
Health & Safety	5	8	63%
Coordination	15	20	75%
Record Keeping	<u>32</u>	<u>38</u>	<u>84%</u>
Subtotal:	343	408	82.9%
			Subtotal = 82.9%

Note: The overall subtotal calculation was completed by adding the percent column (1824) and dividing by the number of categories (22). This was done to consider all categories of equal importance given the different numbers across the categories.

4.6 Monitoring the performance of Northern Lakes CMH as a manager of Medicaid funding for the Northwest CMH Affiliation, the Michigan Department of Community Health collects and reports data on NWCMA performance compared to specific contractual performance standards.

	Indicator Description	Performance Standard	Qtr 1	Qtr 2	Qtr 3	Qtr 4
1a	% of children receiving a pre-admission screening for inpatient psych within 3 hrs	95.0%	98.0%	98.0%	100.0%	98.0%
1b	% of adults receiving a pre-admission screening for inpatient psych within 3 hrs	95.0%	99.0%	100.0%	99.0%	99.0%
2	% of new persons receiving face-to-face assessment within 14 days of non-emergent request	95.0%	99.0%	99.0%	99.0%	100.0%
3	% of new persons starting ongoing service within 14 days of non-emergent request	95.0%	99.0%	100.0%	98.0%	99.0%
4a(1)	% of children discharges from a inpatient psych unit seen for follow-up within 7 days	95.0%	100.0%	100.0%	100.0%	100.0%
4a(2)	% of adults discharges from a inpatient psych Unit seen for follow-up within 7 days	95.0%	100.0%	99.0%	98.0%	99.0%
12a	% of children readmitted to an inpatient psychiatric unit within 30 days of discharge	15% or less	5.0%	7.0%	0.0%	0.0%
12b	% of adults readmitted to an inpatient psychiatric unit within 30 days of discharge	15% or less	10.0%	11.0%	9.0%	9.0%

8 indicators x 4 quarters = 32 possible
Performance met or exceeded the standard in 32 quarters
32 / 32 = 100.0% Subtotal = 100.0%

Domain 4: Manager Assessment Summary

External Assessment:

4.1 CARF Network Management Accreditation	100.0%
4.2 HSAG Compliance Monitoring Review	96.4%
4.3 HSAG Performance Improvement Project Validation	69.5%
4.4 HSAG Performance Measure Validation	100.0%
4.5 MDCH site visit – Review of Implementation Plan	82.9%
4.6 Medicaid Performance Indicators	<u>100.0%</u>

Domain Score: 548.8 / 6 = 91.5%

Domain 5: Provider Assessment

External Assessment:

- 5.1 Northern Lakes CMH obtained three year CARF accreditation for Behavioral Health Services for the following programs and services for which it applied:
- Assertive Community Treatment: Mental Health (Adults)
 - Assessment and Referral: Mental Health (Adults)
 - Assessment and Referral: Mental Health (Children and Adolescents)
 - Case Management/Services Coordination: Mental Health (Adults)
 - Case Management/Services Coordination: Mental Health (Children and Adolescents)
 - Crisis Intervention: Mental Health (Adults)
 - Crisis Intervention: Mental Health (Children and Adolescents)
 - Intensive Family Based Services: Mental Health (Children and Adolescents)
 - Outpatient Treatment: Mental Health (Adults)
 - Outpatient Treatment: Mental Health (Children and Adolescents)
 - Prevention/Diversion: Integrated: (Adults)
 - Prevention/Diversion: Integrated: (Children and Adolescents)
 - Community Services: Child and Youth Services
 - Governance Standards

Subtotal = 100.0%

- 5.2 Northern Lakes CMH maintained its substance abuse services certification by the Michigan Department of Community Health:

Subtotal = 100.0%

- 5.3 Northern Lakes CMH maintained its Child Diagnostic services certification by the Michigan Department of Community Health:

Subtotal = 100.0%

- 5.4 Northern Lakes CMH maintained its Children’s Waiver services certification by the Michigan Department of Community Health:

Subtotal = 100.0%

- 5.5 Northern Lakes CMH participates in the Michigan Association of Community Mental Health Boards Benchmarking Initiative through contract with Behavioral Health Pathway Systems, which provides comparative benchmarking data profiling NLCMH performance against other participating Michigan CMHs and national performance norms. Quarterly overall executive reports summarize performance across 43 clinical and operational benchmarks by describing the proportion of NLCMH indicators which are Favorable, Unfavorable or Neutral compared to all other participating organizations. The table below summarizes NLCMH performance in three distinct reporting categories: Clinical, Operational and Overall throughout FY 09. Note that the Clinical and Operational indicator categories are calculated independently of the Overall category which is used to calculate the subtotal.

Percent of Benchmarking Indicators Favorable or Neutral

	<u>Clinical</u>	<u>Operational</u>	<u>Overall</u>
First Quarter	76.9%	89.5%	82.2%
Second Quarter	73.1%	94.4%	81.8%
Third Quarter	73.8%	92.3%	79.5%

Fourth Quarter	<u>73.1%</u>	<u>88.9%</u>	<u>79.5%</u>
	74.2%	91.3%	80.8%
	Subtotal = 82.1%		

Note: The calculation was completed by adding each column and dividing by four, i.e., Clinical - 296.9/4 = 74.2, Operational – 365.1/4 = 91.3, and Overall – 323/4 = 80.8. The subtotal was obtained by adding the average column percents, i.e., 74.2 + 91.3 + 80.8 = 246.3/3 = 82.1%

Internal Evaluation:

5.6 During FY 08/09 Northern Lakes CMH conducted an internal compliance monitoring assessment (elements A-M):

	<u>Possible</u>	<u>Actual</u>	<u>Percent</u>
Qualitative Administrative Record Review	7956	6936	87.2%

5.7 Northern Lakes CMH maintains a process of verifying services provided with Medicaid funds:

	<u>Billed</u>	<u>Validated</u>	<u>Percent Compliant</u>
Total Services Audited	4865	4362	89.7%

5.8 Monitoring the performance of Northern Lakes CMH as a provider public mental health services, the Michigan Department of Community Health collects and reports data on NLCMH performance compared to specific contractual performance standards for persons served from all funding sources:

		Performance				
<u>Indicator</u>	<u>Description</u>	<u>Standard</u>	<u>Qtr 1</u>	<u>Qtr 2</u>	<u>Qtr 3</u>	<u>Qtr 4</u>
1a	% of children receiving a pre-admission screening for inpatient psych within 3 hrs	95.0%	97.0%	98.0%	100.0%	97.0%
1b	% of adults receiving a pre-admission screening for inpatient psych within 3 hrs	95.0%	100.0%	99.0%	99.0%	98.0%
2	% of new persons receiving face-to-face assessment within 14 days of non-emergent request	95.0%	99.0%	97.0%	100.0%	100.0%
2a	% of new children with SED receiving face-to-face assessment within 14 days of non-emergent request	95.0%	99.0%	100.0%	100.0%	100.0%
2b	% of new adults with MI receiving face-to-face assessment within 14 days of non-emergent request	95.0%	100.0%	100.0%	100.0%	100.0%
2c	% of children with DD receiving face-to-face assessment within 14 days of non-emergent request	95.0%	100.0%	100.0%	100.0%	100.0%
2d	% of adults with DD receiving face-to-face assessment within 14 days of non-emergent request	95.0%	100.0%	100.0%	100.0%	100.0%
3	% of new persons starting ongoing service within 14 days of non-emergent request	95.0%	98.0%	99.0%	99.0%	99.0%
3a	% of new children with SED starting ongoing service within 14 days of non-emergent request	95.0%	99.0%	99.0%	98.0%	100.0%
3b	% of new adults with MI starting ongoing service within 14 days of non-emergent request	95.0%	98.0%	99.0%	99.0%	98.0%
3c	% of new children with DD starting ongoing service within 14 days of non-emergent request	95.0%	100.0%	100.0%	100.0%	100.0%

3d	5 of new adults with DD starting ongoing service within 14 days of non-emergent request	95.0%	100.0%	100.0%	100.0%	100.0%
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	<u>Indicator Description</u>	<u>Performance Standard</u>	<u>Qtr 1</u>	<u>Qtr 2</u>	<u>Qtr 3</u>	<u>Qtr 4</u>
4a(1)	% of children discharged from a inpatient psych unit seen for follow-up within 7 days	95.0%	100.0%	100.0%	100.0%	100.0%
4a(2)	% of adults discharged from a inpatient psych Unit seen for follow-up within 7 days	95.0%	100.0%	100.0%	99.0%	100.0%
12a	% of children readmitted to inpatient psych units within 30 calendar days of inpatient discharge	15% or less	0.0%	10.0%	0.0%	0.0%
12b	% of adults readmitted to inpatient psych units within 30 calendar days of inpatient discharge	15% or less	8.0%	13.0%	9.0%	10.0%

16 indicators X 4 quarters = 64 possible

Performance met or exceeded the standard in 64 quarters

Subtotal = 64 / 64 = 100.0%

Domain 5: Provider Assessment Subtotal Summary

External Assessment:

5.1 CARF Behavioral Health Accreditation	100.0%
5.2 Substance Abuse Certification	100.0%
5.3 Child Diagnostic Certification	100.0%
5.4 Children's Waiver Certification	100.0%
5.5 MACMHB Benchmarking Initiative	<u>82.1%</u>

Subtotal = 96.4%

Internal Assessment:

5.6 Compliance Monitoring	87.2%
5.7 Medicaid Verification	89.7%
5.8 Provider Performance Indicators	<u>100.0%</u>

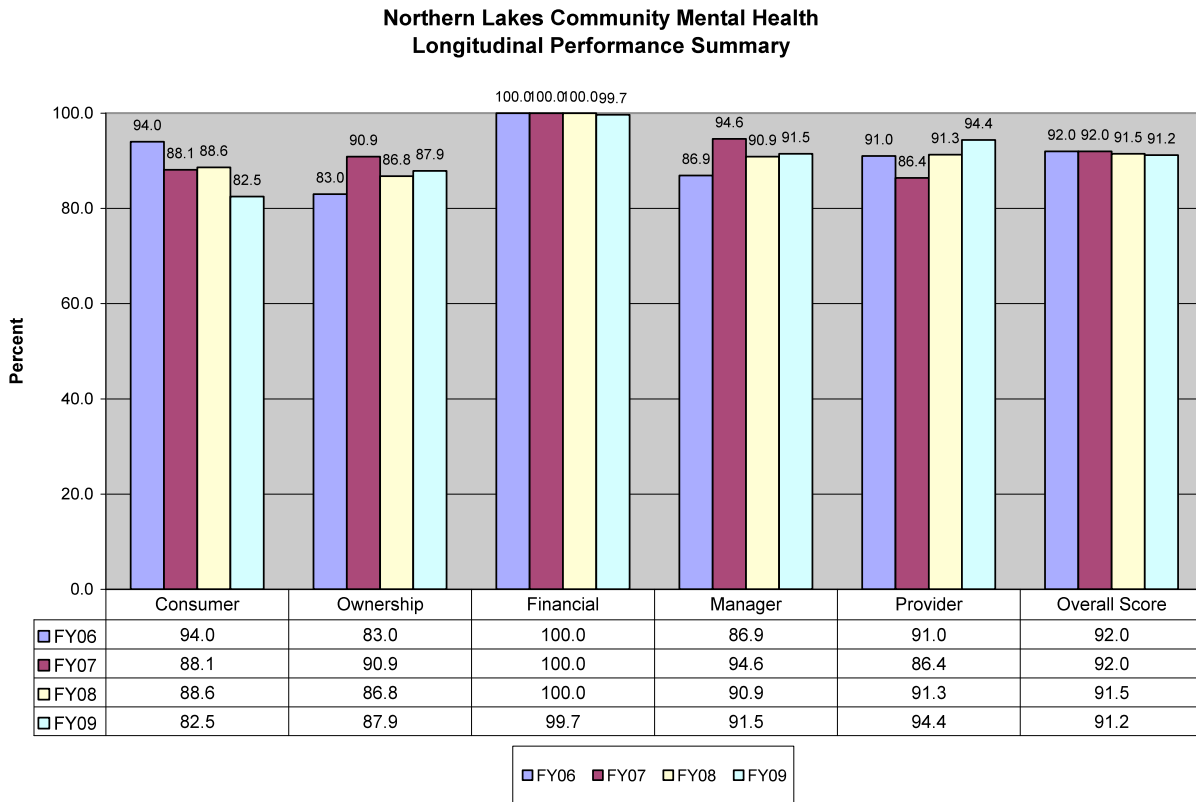
Subtotal = 92.3%

Domain Score: 188.7 / 2 = 94.4%

Longitudinal Summary

Background and Caution

Northern Lakes Community Mental Health Annual Performance Assessment reports are composed of many different measures of both internal and external origin. In our calculations we treated all measures the same, i.e. we did not assign any measures a higher priority by using a weighting process (Weighting involves emphasizing some aspects of a set of data to give them 'more weight' in the final effect or result.). While some measures are consistent over time and additional measures are added as they become available, the goal is to present the most comprehensive and accurate portrayal of the overall performance of the organization. Caution must be exercised in interpreting longitudinal performance, as the specific content of each annual assessment varies, sometimes considerably. Still there is some value in considering the general overall performance of the organization over time despite variability in the specific measures composing each annual assessment.



Note numbers identified at the top of each bar are percentages for each domain and overall score.