



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.

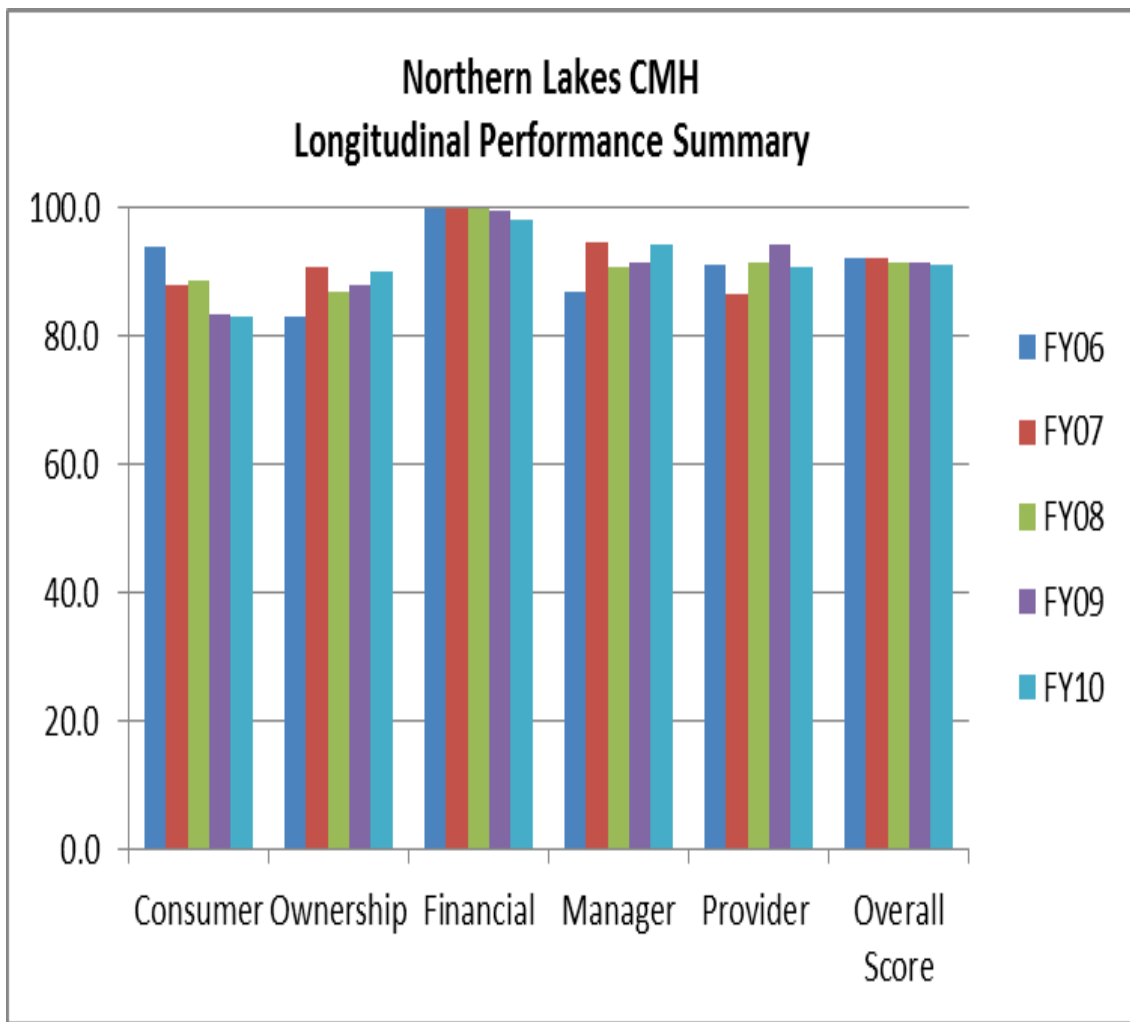
Northern Lakes Community Mental Health Authority
2010 Agency Performance Assessment

Assessment #	FY 2010 <u>Domain Score</u>	FY 2009 <u>Domain Score</u>
1 Consumer	83.0%	83.4%
External	81.3%	76.7%
Internal	84.6%	90.1%
2 Ownership	90.0%	87.9%
External	80.0%	76.2%
Internal	99.9%	99.5%
3 Financial	98.3%	99.7%
External	100.0%	99.3%
Internal	96.6%	100%
4 Manager	94.2%	91.5%
External	94.2	91.5
Internal	NA	NA
5 Provider	90.8%	94.4%
External	90.1%	96.4%
Internal	91.5%	92.3%
Overall Score	91.3%	91.4%

Longitudinal Summary

Background and Caution

Northern Lakes CMH 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.



Domain 1: Consumer Assessment

External Assessment:

1.1 There was no Consumer Forum conducted by Consumer Advocacy Council during FY 10 Subtotal = NA

1.2 Families receiving Home Based services (both directly provided by Northern Lakes CMH and contractually provided) were surveyed by completing the Youth Satisfaction Scale (or YSS) consistent with the MDCH Statewide Survey Plan. This is a point in time survey of families currently receiving a high-intensity, short duration service mid-episode of care. MDCH reported the percent of agreement within each of seven domains.

	<u>Percent of Agreement</u>
Access to Care	95.0%
Participation in Treatment	95.0%
Cultural Sensitivity	95.0%
Appropriateness of Care	85.0%
Outcomes	30.0%
Social Connectedness	65.0%
Functioning	<u>30.0%</u>
Subtotal =	70.7%

1.3 Adults receiving Assertive Community Treatment services directly provided by Northern Lakes CMH 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. This is a point in time survey for persons who receive Assertive Community Treatment services. MDCH reported the percent of agreement within each of seven domains.

	<u>Percent of Agreement</u>
General Satisfaction	88.0%
Access	91.0%
Quality/Appropriateness	81.0%
Participation in Treatment Planning	72.0%
Outcomes	78.0%
Functioning	69.0%
Social Connectedness	<u>53.0%</u>
Subtotal =	76.0%

1.4 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. Northern Lakes CMH conducted the survey in March of 2009. The results measure how successful programs are at creating atmospheres where recovery can flourish. During 2010 Northern Lakes CMH results and comparative statewide results were provided by the Michigan Department of Community Health which are summarized in the table below (please note that not all respondents completed the survey questions). The highest overall score of Michigan's 46 CMHSPs was 74%.

Involvement in the Recovery Process Statements	State Wide Scores	Northern Lakes CMH Scores

I have never heard or thought of recovery	7%	9%
I do not believe I have any need to recover	3%	2%
I have not had the time to really consider mental health recovery	3%	3%
I have been thinking about it but have not decided to move on it yet	5%	9%
I am committed to recovery and making plans to take action very soon	12%	16%
<i>Total Not Actively Involved in Recovery</i>	<i>30%</i>	<i>39%</i>
I am actively involved in the process of recovery	39%	49%
I was actively moving toward recovery but now I am not	3%	2%
I feel that I am fully recovered; I just have to maintain my gains	6%	7%
<i>Total Actively Involved in Recovery</i>	<i>48%</i>	<i>58%</i>

Subtotal = 58/74 = 78.4%

- 1.5 In FY10 Northern Lakes CMH and community partners completed an initial survey of persons who received services through the Grand Traverse County mental health court. Of 18 respondents, 100% reported satisfaction with services.

Subtotal = 100%

Internal Assessment:

- 1.6 The Northern Lakes CMH Authority Board conducted two evaluations of the agency Ends Policy in 2010.

	<u>Possible Score</u>	<u>Actual Score</u>	<u>Percent</u>
March 18, 2010	84	83	98.8%
September 16, 2010	78	78	<u>100.0%</u>

Subtotal = 99.4%

- 1.7 The Northern Lakes CMH 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%	23.6%	47.2%
Percent earning minimum wage	90%	83.0%	<u>92.2%</u>
		Subtotal	69.7 %

Domain 1: Consumer Assessment Summary

External Assessment:

1.1 Consumer & Stakeholder Satisfaction	NA
1.2 Home Based Survey	70.7%
1.3 Assertive Community Treatment Survey	76.0%
1.4 Recovery Enhancing Environments (REE) Survey	78.4%
1.5 Mental Health Court Satisfaction Survey	<u>100%</u>
Subtotal =	81.3%

Internal Assessment:

1.6 Board Ends Policy Evaluation	99.4%
1.7 Quality Improvement Effectiveness measures	<u>69.7%</u>
Subtotal =	84.6%

Domain Score: $165.9 / 2 = 83.0\%$

Domain 2: Owner Assessment

External Assessment:

2.1 Surveys were used to ask County Commissions their perceptions of Northern Lakes CMH services using a rating of 1 (low) to 10 (high). Shown below are the number of commissioners by county/responses to the survey in each county as well as the average score.

County Commission Surveys completed by six counties		<u>Percent</u>
Crawford	7 commissioners/6 responses	90.4%
Grand Traverse	9 commissioners/5 responses	66.5%
Leelanau	7 commissioners/4 responses	70.0%
Missaukee	7 commissioners/1 responses	80.0%
Roscommon	5 commissioners/4 responses	71.9%
Wexford	9 commissioners/2 responses	<u>86.3%</u>
Subtotal =		77.5%

2.2 The community survey of Northern Lakes CMH Services conducted by Northwest Michigan College producing among other ratings, scores of perceived quality of services.

The percent of respondents rating Northern Lakes CMH services in each of the following categories:

Excellent	24.2% x 100	24.2%
Above average	29.0% x 90	26.1%
Average	40.3% x 80	<u>32.2%</u>
Subtotal =		82.5%

Information below is not quantified and not included in the scoring.

The percent of respondents answered "How aware are you of Northern Lakes?"

<u>2008 Survey</u>	<u>2010 Survey</u>
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Very Aware	10.3%	10.4%
Somewhat Aware	16.2%	20.2%
Not at all Aware	73.5%	69.4%

The percent of respondents that answered “Treatment can help people with mental illness lead normal lives.”

	<u>2008 Survey</u>	<u>2010 Survey</u>	<u>National Data</u>	<u>State Data</u>
Strongly Agree	73.4%	66.0%	62.8%	65.9%
Somewhat Agree	20.8%	29.1%	25.8%	25.2%
Undecided	5.2%	3.4%	2.1%	0.9%
Somewhat Disagree	0.5%	1.5%	3.9%	3.5%
Strongly Disagree	0.0%	0.0%	1.8%	1.6%

Internal Assessment:

2.3 The Northern Lakes CMH Authority Board conducted evaluations in three areas of board policy in 2010.

	<u>Possible Score</u>	<u>Actual Score</u>	<u>Percent</u>
Executive Limitations	850	850	100.0%
Governing Process	327	326	99.7%
Governance/CEO Linkages	97	97	100%
	1274	1273	Subtotal = 99.9%

Domain 2: Owner Assessment Summary

External Assessment:

2.1 County Commission Surveys	77.5%
2.2 Community Survey	82.5%
	Subtotal = 80.0%

Internal Assessment:

2.3 Board Policy Evaluations	Subtotal = 99.9%
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Domain Score: = 179.9 / 2 = 89.9%

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 FY 2009.
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.
No known fraud.
External Compliance Audit Report Results Subtotal = 100.0%
- 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>
4.3	10.2	8.5	6.2	5.8	5.9	5.1	6.0	5.7	7.3	6.4	6.5
		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	0.4	0.5	0.5	0.5	0.5	0.4	0.5	0.4	0.5	0.5
		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%				
- 3.6 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	8072	7258	89.9%

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	100.0%
3.3 External Single Audit Report results	<u>100.0%</u>
Subtotal = 100.0%	

Internal Assessment:

3.4 Cash to debt ratio	100.0%
3.5 Debt to Net Worth ratio	100.0%
3.6 Medicaid Verification	<u>89.9%</u>
Subtotal = 96.6%	

Domain Score: $196.6 / 2 = 98.3\%$

Domain 4: Manager Assessment

External Assessment:

- 4.1 Northern Lakes CMH has been internationally accredited under the CARF Business Services Management Network standards for six years, but in 2010 network accreditation (which is not required) was discontinued due to fiscal constraints. This measure has been discontinued.
- 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	100.0%
Staff Qualifications	100.0%
Utilization Management	99.0%
Customer Services	100.0%
Enrollee Grievance Process	96.0%
Access and Availability	100.0%
Subtotal = 99.2%	

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.

	<u>2009 Results</u>	<u>2010 Results</u>
Evaluation elements met:	69%	76%
Critical elements met:	70%	90%
Validation outcome:	Not Met	Partially Met
		Subtotal = 83.0%

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 returned to review the mid-cycle implementation of the remedial action plan submitted to the Department as a result of the initial site visit conducted in September 2009. Although additional observations were recorded and further recommendations for improvement were specified, there was no quantification of performance provided.
Subtotal = NA

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. Comparative Data for the State is available in this section on the MDCH website.

	<u>Indicator Description</u>	<u>Performance 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%	96.0%	97.0%	98.0%	100.0%
1b	% of adults receiving a pre-admission screening for inpatient psych within 3 hrs	95.0%	97.0%	100.0%	100.0%	100.0%
2	% of new persons receiving face-to-face assessment within 14 days of non-emergent request	95.0%	100.0%	99.0%	99.0%	99.0%
3	% of new persons starting ongoing service within 14 days of non-emergent request	95.0%	97.0%	98.0%	99.0%	94.0%
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%	93.0%	97.0%
12a	% of children readmitted to an inpatient psychiatric unit within 30 days of discharge	15% or less	12.0%	16.0%	14.0%	13.0%
12b	% of adults readmitted to an inpatient psychiatric unit within 30 days of discharge	15% or less	3.0%	15.0%	13.0%	14.0%

8 indicators x 4 quarters = 32 possible
 Performance met or exceeded the standard in 29 quarters
 29 / 32 =90.6% Subtotal = 90.6%

4.7 The Michigan Department of Community Health Office of Recipient Rights conducted a full site visit of Northern Lakes CMH Office of Recipient Rights.

Full compliance 277 points (100%)
 Substantial Compliance (263 to 276 points) 90%
 Less Than Substantial Compliance Due to Uncorrected Repeat Citation 70%
 Less Than Substantial Compliance (Less Than 263 points) 60%
 Overall Assessment Score 272.5 out of a possible 277 Subtotal = $272.5 / 277 = 98.4^*$

*Although the overall assessment score was within substantial compliance, there were two repeat timeliness citations resulting in a finding of less than substantial compliance.

Domain 4: Manager Assessment Summary	
<u>External Assessment:</u>	
4.1 CARF Network Management Accreditation	N/A
4.2 HSAG Compliance Monitoring Review	99.2%
4.3 HSAG Performance Improvement Project Validation	83.0%
4.4 HSAG Performance Measure Validation	100.0%
4.5 MDCH site visit – Review of Implementation Plan	N/A
4.6 Medicaid Performance Indicators	90.6%
4.7 MDCH ORR site visit	98.4%
Domain Score: $471.2 / 5 = 94.2$	

Domain 5: Provider Assessment

External Assessment:

- 5.1 Northern Lakes CMH maintained a 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%

We anticipate our next accreditation site visit by June 2012.

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 Northern Lakes CMH 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 Northern Lakes CMH indicators which are Favorable, Unfavorable or Neutral compared to all other participating organizations. The table below summarizes Northern Lakes CMH performance in three distinct reporting categories: Clinical, Operational and Overall throughout FY09 and 10. 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>Financial</u>		<u>Overall</u>	
	<u>2009</u>	<u>2010</u>	<u>2009</u>	<u>2010</u>	<u>2009</u>	<u>2010</u>	<u>2009</u>	<u>2010</u>
First Quarter	76.9%	50.0%	89.5%	70.9%	na	na	82.2%	58.7%
Second Quarter	73.1%	65.5%	94.4%	86.7%	na	na	81.8%	72.7%
Third Quarter	73.8%	68.9%	92.3%	66.7%	na	<u>80.0%</u>	79.5%	69.6%
Fourth Quarter	<u>73.1%</u>	<u>67.7%</u>	<u>88.9%</u>	<u>58.3%</u>	<u>na</u>	<u>80.0%</u>	<u>79.5%</u>	<u>66.7%</u>
	74.2%	63.0%	91.3%	70.7%	na	80.0%	80.7%	66.9%
	Subtotal = 70.2%							

Note: The calculation was completed by adding each column and dividing by four. The subtotal was obtained by adding the column percentages for 2010.

5.6 During FY10 Northern Lakes CMH participated in a voluntary organizational climate survey through its participation in the benchmarking initiative with Behavior Health Pathway System. The survey used an online 25-item instrument, anonymously completed by NLCMH staff members in order to describe organizational climate and staff morale.

<u>Section</u>	<u>Mean</u>
Staffing/Co-workers	60.2
Recognition and Growth	53.5
Leadership	53.9
Compensation and Benefits	69.9
Physical Environment	64.3
Quality	68.1

Satisfaction	53.8
Overall	60.5
Subtotal =	60.5

5.7 During FY 10 Northern Lakes CMH directly-provided residential services hosted licensing audits in the following homes:

- Pearl Street
- Woodland
- Evergreen
- Seneca
- Wright Street

There were no deficiencies cited in any of these audits. Subtotal = 100%

Internal Evaluation:

5.8 During FY 09/10 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	10,890	9,686	88.9%

5.9 In FY 09/10 Northern Lakes CMH Privacy and Security Committee completed an annual report and the agency was compliant in 37 out of 39 privacy issues surveyed.

Percent Compliant = 94.9%

5.10 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 Northern Lakes CMH performance compared to specific contractual performance standards for persons served from all funding sources. Comparative Data for the State is available in this section on the MDCH website.

	<u>Indicator Description</u>	<u>Performance</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%	93.0%	97.0%	96.0%	100.0%
1b	% of adults receiving a pre-admission screening for inpatient psych within 3 hrs	95.0%	98.0%	100.0%	100.0%	98.0%
2	% of new persons receiving face-to-face assessment within 14 days of non-emergent request	95.0%	100.0%	100.0%	100.0%	99.0%
2a	% of new children with SED receiving face-to-face assessment within 14 days of non-emergent request	95.0%	100.0%	99.0%	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%	99.0%
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	95.0%	100.0%	100.0%	100.0%	94.0%

	within 14 days of non-emergent request	95.0%	96.0%	98.0%	97.0%	95.0%
3a	% of new children with SED starting ongoing service within 14 days of non-emergent request	95.0%	98.0%	98.0%	98.0%	100.0%
3b	% of new adults with MI starting ongoing service within 14 days of non-emergent request	95.0%	95.0%	99.0%	97.0%	93.0%
3c	% of new children with DD starting ongoing service within 14 days of non-emergent request	95.0%	100.0%	100.0%	100.0%	92.0%
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%
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%	99.0%	100.0%	95.0%	98.0%
12a	% of children readmitted to inpatient psych units within 30 calendar days of inpatient discharge	15% or less	0.0%	19.0%	15.0%	18.0%
12b	% of adults readmitted to inpatient psych units within 30 calendar days of inpatient discharge	15% or less	5.0%	10.0%	9.0%	11.0%

16 indicators x 4 quarters = 64 possible

Performance met or exceeded the standard in 58 quarters

Subtotal = $58 / 64 = 90.6\%$

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	70.2%
5.6 Organizational Climate Survey	60.5%
5.7 Directly-provided residential services licensing audits	<u>100.0%</u>

Subtotal = 90.1%

Internal Assessment:

5.8 Compliance Monitoring	88.9%
5.9 Privacy and Security	94.9%
5.10 Provider Performance Indicators	<u>90.6%</u>

Subtotal = 91.5%

Domain Score: $181.6 / 2 = 90.8\%$