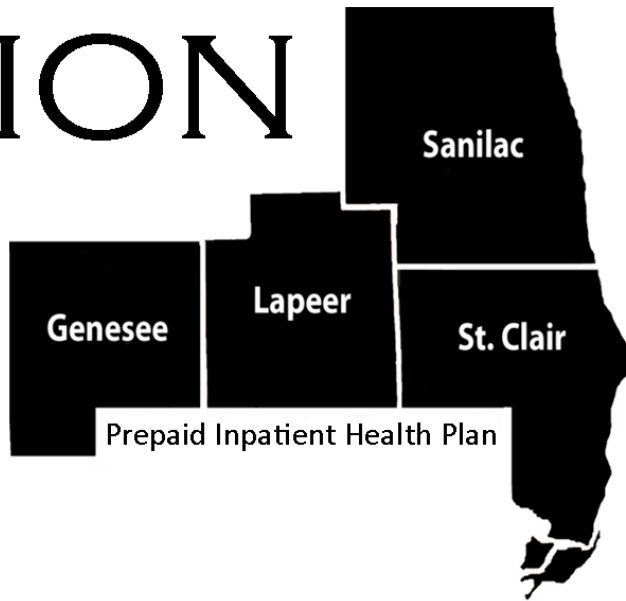


REGION

10



Michigan Mission-Based Performance Indicator System
JULY - SEPTEMBER
FY 2019 – 4TH QUARTER

Region 10 PIHP
Michigan Mission-Based Performance Indicator System

FY2019 – 4th Quarter Summary Report

(July 1, 2019 – September 30, 2019)

This report is a summary of the performance indicators reported to the Michigan Department of Health and Human Services (MDHHS) by the PIHP (data aggregated from CMH / SUD providers). 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 PIHP for Medicaid beneficiaries served through the CMH/SUD affiliates. 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 the PIHP's results from the fourth quarter of fiscal year 2019 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%.*

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	99.43%	100%	100%	100%	99.21%	100%	99.52%	100%	99.63%	99.21%	100%	99.45%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PIHP Totals	100% N=281	100% N=286	100% N=280	100% N=270	99.51% N=405	100% N=358	99.69% N=326	100% N=223	99.75% N=400	99.48% N=383	100% N=402	99.63% N=272

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%.*

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	99.60%	100%	99.31%	99.88%	99.75%	99.62%	100%	99.76%	99.87%	99.49%	99.87%	99.75%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PIHP Totals	100% N=1090	100% N=1105	99.52% N=1257	99.92% N=1201	99.83% N=1205	99.75% N=1182	100% N=1206	99.83% N=1186	99.91% N=1165	99.65% N=1144	99.91% N=1097	99.83% N=1195

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% is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	93.85% (351/374)	88.20% (299/339)	98.10%	100%	100%	99.49%	99.58%	99.44%	100%	99.70%	99.71%	100%
Lapeer CMH	99.33%	98.66%	99.35%	100%	100%	99.38%	99.35%	98.66%	98.18%	97.54%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	99.65%	100%	100%	100%	99.58%	99.64%	100%	100%	100%	99.34%	100%
Region 10 PIHP SUD	96.44%	97.25%	93.93% (883/940)	95.70%	96.64%	98.41%	98.79%	99.68%	98.59%	97.46%	98.40%	98.19%
PIHP Totals	96.78% N=1737	96.16% N=1796	96.49% N=1880	97.87% N=1831	98.47% N=1694	98.99% N=1684	99.23% N=1813	99.61% N=1773	99.20% N=1743	98.51% N=1679	98.99% N=1784	99.03% N=1856

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% is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	96.63%	82.73% (115/139)	97.60%	100%	100%	98.32%	98.49%	98.97%	100%	98.51%	100%	100%
Lapeer CMH	97.96%	98.03%	97.67%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	98.67%	100%	100%	100%	98.26%	100%
PIHP Totals	97.73% N=352	91.72% N=302	98.34% N=302	100% N=285	100% N=315	99.29% N=281	98.92% N=279	99.59% N=243	100% N=291	99.48% N=193	99.15% N=236	100% N=192

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% is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	84.62% (88/104)	92.57% (137/148)	97.90%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lapeer CMH	100%	100%	100%	100%	100%	98.85%	100%	100%	98.41%	97.40%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	99.25%	100%	100%	100%	99.20%	100%	100%	100%	100%	100%	100%
PIHP Totals	95.45% N=352	97.09% N=412	99.18% N=485	100% N=484	100% N=458	99.55% N=443	100% N=536	100% N=443	99.78% N=455	99.60% N=500	100% N=424	100% N=485

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% is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	100%	88.88% (32/36)	100%	100%	100%	100%	100%	98.31%	100%	100%	98.73%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	87.50% (7/8)	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PIHP Totals	100% N=89	95.35% N=86	100% N=102	100% N=104	100% N=90	100% N=102	100% N=111	98.91% N=92	99.04% N=104	100% N=107	99.24% N=131	100% N=126

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% is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	100%	93.75% (15/16)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lapeer CMH	100%	90.90% (10/11)	100%	100%	100%	100%	90.00% (9/10)	66.67% (4/6)	100%	90.00% (9/10)	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PIHP Totals	100% N=45	96.08% N=51	100% N=51	100% N=51	100% N=57	100% N=39	98.39% N=62	96.15% N=52	100% N=43	98.04% N=51	100% N=54	100% N=57

Indicator 2.e. The percentage of new persons with Substance Use Disorders receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. **95% is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Region 10 PIHP SUD	96.44%	97.25%	93.93%	95.70%	96.64%	98.41%	98.79%	99.68%	98.59%	97.46%	98.40%	98.19%
PIHP Totals	96.44% N=899	97.25% N=945	93.94% N=940	95.70% N=907	96.64% N=774	98.41% N=819	98.79% N=825	99.68% N=943	98.59% N=850	97.46% N=828	98.40% N=939	98.19% N=996

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 is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	97.62%	99.58%	100%	100%	99.83%	100%	100%	100%	100%	100%	100%	100%
Lapeer CMH	93.20% (96/103)	95.04%	98.33%	95.35%	96.97%	95.60%	100%	99.01%	95.16%	97.47%	100%	100%
Sanilac CMH	100%	100%	100%	98.18%	97.01%	100%	96.77%	98.31%	100%	95.24%	100%	97.50%
St. Clair CMH	98.90%	96.77%	92.75% (179/193)	98.33%	96.49%	95.17%	95.95%	95.15%	98.98%	98.67%	97.54%	98.58%
Region 10 PIHP SUD	99.77%	99.82%	99.67%	98.48%	99.38%	99.65%	99.80%	98.56%	98.20%	98.67%	98.61%	96.90%
PIHP Totals	98.68% N=1663	99.00% N=1407	98.81% N=1509	98.83% N=1451	98.94% N=1411	99.05% N=1365	99.30% N=1436	98.68% N=1663	98.85% N=1650	97.53% N=1662	99.00% N=1803	98.08% N=1772

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 is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	96.07%	100%	100%	100%	99.49%	100%	100%	100%	100%	100%	100%	100%
Lapeer CMH	85.71% (24/28)	100%	100%	96.55%	100%	92.59% (25/27)	100%	100%	94.12% (16/17)	95.24%	100%	100%
Sanilac CMH	100%	100%	100%	100%	93.10% (27/29)	100%	95.24%	100%	100%	76.92% (10/13)	100%	100%
St. Clair CMH	98.18%	98.18%	95.83%	100%	94.23% (49/52)	85% (34/40)	95.83%	97.83%	100%	97.96%	95.56%	98.08%
PIHP Totals	95.73% N=328	99.63% N=272	99.31% N=288	99.60% N=251	98.05% N=308	96.49% N=228	98.80% N=249	99.55% N=224	99.58% N=239	97.44% N=195	98.39% N=248	99.44% N=180

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 is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	100%	99.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lapeer CMH	96.82%	95.08%	97.10%	95.74%	96.72%	96.49%	100%	98.36%	97.14%	100%	100%	100%
Sanilac CMH	100%	100%	100%	97.30%	100%	100%	97.06%	100%	100%	100%	100%	98.18%
St. Clair CMH	98.91%	95.96%	92.86% (104/112)	97.00%	98.72%	100%	94.32% (83/88)	94.19% (81/86)	98.06%	99.29%	97.96%	99.33%
PIHP Totals	99.14% N=348	97.94% N=438	97.86% N=467	98.68% N=455	99.37% N=475	99.53% N=426	98.81% N=505	98.66% N=448	99.37% N=476	99.80% N=505	99.58% N=476	99.36% N=469

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 is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	95.12%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	83.33% (5/6)	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	50.00% (1/2)	100%	100%	100%	100%
St. Clair CMH	100%	95.23%	85.19% (23/27)	100%	96.43%	100%	100%	90.00% (18/20)	100%	95.65%	100%	100%
PIHP Totals	97.14% N=70	98.57% N=70	95.65% N=92	100% N=103	98.81% N=84	100% N=100	100% N=109	97.09% N=103	99.08% N=109	99.23% N=130	100% N=157	100% N=135

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 is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lapeer CMH	85.71% (6/7)	75.00% (6/8)	100%	83.33% (5/6)	66.67% (2/3)	100%	100%	100%	100%	87.50% (7/8)	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50.00% (1/2)
St. Clair CMH	100%	100%	100%	100%	92.31% (12/13)	92.86% (13/14)	100%	100%	100%	100%	100%	100%
PIHP Totals	97.62% N=42	96.36% N=55	100% N=38	97.96% N=49	96.61% N=59	97.83% N=46	100% N=64	100% N=54	100% N=48	98.25% N=57	100% N=59	98.11% N=53

Indicator 3.e. The percentage of new persons with Substance Use Disorder starting any needed on-going service within 14 days of a non-emergent assessment with a professional. **95% within 14 days is the standard.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Region 10 PIHP SUD	99.77%	99.82%	99.68%	98.48%	99.38%	99.65%	99.80%	98.56%	98.20%	95.74%	98.61%	96.90%
PIHP Totals	99.77% N=875	99.82% N=572	99.68% N=624	98.48% N=593	99.38% N=485	99.65% N=565	99.80% N=509	98.56% N=834	98.20% N=778	95.74% N=775	98.61% N=863	96.90% N=935

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.**

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	100%	100%	100%	97.87%	96.77%	100%	100%	100%	100%	100%	96.61%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	97.14%	100%	100%	100%	100%	100%	100%	100%
PIHP Totals	100% N=110	100% N=84	100% N=86	98.90% N=91	97.35% N=113	100% N=108	100% N=90	100% N=62	100% N=91	100% N=99	97.89% N=95	100% N=60

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.

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Genesee Health System	95.88%	98.26%	98.06%	97.04%	97.54%	97.27%	97.21%	98.28%	97.34%	99.21%	99.60%	98.41%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	88.24% (30/34)	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	94.44% (17/18)	100%	100%	100%	94.44% (17/18)	94.12% (16/17)	100%
St. Clair CMH	98.53%	100%	97.44%	98.46%	96.43%	98.51%	100%	100%	98.36%	98.63%	100%	94.52% (69/73)
PIHP Totals	96.73% N=336	98.75% N=320	98.08% N=364	97.53% N=364	97.63% N=338	97.47% N=396	98.09% N=367	98.80% N=332	96.73% N=367	98.90% N=365	99.42% N=342	97.71% N=350

Indicator 4.b The percent of discharges from a substance use disorder detox unit who are seen for follow-up care within seven days.
95% is the standard.

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Region 10 PIHP SUD	100%	95.00%	100%	100%	100%	100%	100%	100%	100%	100%	96.43%	98.88%
PIHP Totals	100% N=16	95.00% N=20	100% N=29	100% N=18	100% N=22	100% N=27	100% N=22	100% N=29	100% N=39	100% N=48	96.43% N=112	98.88% N=89

Performance Indicator 5

Indicator 5. The percentage of area Medicaid recipients having received PIHP Managed services.
This indicator is calculated by MDHHS.

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Total Medicaid Beneficiaries Served	11,025	11,089	11,203	14,357	14,390	14,458	14,539	14,543	14,593	14,560	14,873	14,738
Number of Area Medicaid Recipients	153,728	147,147	147,280	149,804	149,138	203,630	202,212	200,843	198,973	199,186	200,287	198,949
PIHP Totals	7.17%	7.54%	7.61%	9.58%	9.65%	7.10%	7.19%	7.24%	7.33%	7.31%	7.43%	7.41%

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. This indicator is calculated by MDHHS.

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	653	640	641	625	630	623	642	637	631	629	632	635
Total Number of HSW Enrollees	662	656	653	636	642	642	646	650	642	637	648	646
PIHP Totals	98.64%	97.56%	98.16%	98.72%	98.13%	97.04%	99.38%	98.00%	98.29%	98.74%	97.53%	98.30%

Performance Indicator 8

Indicator 8.a. The percent of adults with mental illness served by the CMHSPs and PIHPs that are employed competitively. This represents the total for FY19. (BH TEDS data - Report date 12/23/19, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	4898	373	7.62%
Lapeer	726	166	22.87%
Sanilac	602	108	17.94%
St. Clair	1728	313	18.11%
PIHP Totals	7954	960	12.07%

Indicator 8.b. The percent of adults with developmental disabilities served by the CMHSPs and PIHPs that are employed competitively. This represents the total for FY19. (BH TEDS data - Report date 12/23/19, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	779	24	3.08%
Lapeer	167	22	13.17%
Sanilac	80	4	5.00%
St. Clair	404	48	11.88%
PIHP Totals	1430	98	6.85%

Indicator 8.c. The percent of adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs that are employed competitively. This represents the total for FY19. (BH TEDS data - Report date 12/23/19, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	497	16	3.22%
Lapeer	79	11	13.92%
Sanilac	122	10	8.20%
St. Clair	267	25	9.36%
PIHP Totals	965	62	6.42%

Performance Indicator 9

Indicator 9.a. The percent of adults with mental illness served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). This represents the total for FY19. (BH TEDS data - Report date 12/23/19, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	395	373	94.43%
Lapeer	172	168	97.67%
Sanilac	111	108	97.30%
St. Clair	317	313	98.74%
PIHP Totals	995	962	96.68%

Indicator 9.b. The percent of adults with developmental disabilities, served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). This represents the total for FY19. (BH TEDS data - Report date 12/23/19, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	100	25	25.00%
Lapeer	51	33	64.71%
Sanilac	17	5	29.41%
St. Clair	84	55	65.48%
PIHP Totals	252	118	46.83%

Indicator 9.c. The percent of adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). This represents the total for FY19. (BH TEDS data - Report date 12/23/19, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	53	17	32.08%
Lapeer	22	16	72.73%
Sanilac	20	10	50.00%
St. Clair	38	27	71.05%
PIHP Totals	133	70	52.63%

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.

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY 19	4Q FY 19
Genesee Health System	8.43%	9.59%	7.59%	12.68%	12.28%	12.15%	17.97% (16/89)	11.94%	16.33% (16/98)	10.00%	12.90%	8.06%
Lapeer CMH	0%	25.00% (2/8)	0%	25.00% (4/16)	8.33%	15.38% (2/13)	9.00%	12.50%	14.29%	15.38% (2/13)	0%	0%
Sanilac CMH	21.43% (3/14)	0%	14.28%	33.33% (4/12)	0%	0%	25.00% (2/8)	20.00% (1/5)	14.29%	0%	0%	25.00% (1/4)
St. Clair CMH	6.25%	11.11%	4.35%	8.33%	14.63%	13.64%	4.16%	0%	11.11%	20.83% (5/24)	8.82%	6.25%
PIHP Totals	8.82% N=136	10.34% N=116	7.02% N=114	15.45% N=123	12.00% N=175	12.50% N=144	15.15% N=132	10.10% N=99	15.11% N=139	11.85% N=135	11.03% N=136	8.05% N=87

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.

	PIHP (Medicaid only)											
	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY 19	4Q FY 19
Genesee Health System	10.91%	13.76%	12.00%	12.25%	15.08% (76/504)	12.42%	17.62% (77/437)	11.32%	8.71%	10.87%	11.90%	12.58%
Lapeer CMH	4.16%	8.82%	0%	15.38% (4/26)	0%	13.33%	12.00%	10.20%	8.70%	5.56%	3.23%	3.57%
Sanilac CMH	11.76%	11.11%	0%	0%	26.32% (5/19)	7.41%	9.09%	15.79% (3/19)	0%	8.33%	12.50%	6.25%
St. Clair CMH	19.32% (17/88)	11.63%	10.48%	13.79%	20.00% (17/85)	14.44%	10.00%	6.67%	14.68%	13.73%	7.59%	14.02%
PIHP Totals	12.05% N=523	13.00% N=536	10.84% N=581	12.26% N=579	15.22% N=644	12.54% N=622	15.51% N=619	10.66% N=591	9.58% N=626	10.94% N=631	10.91% N=596	12.26% N=636

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 results.

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
Genesee Health System	7	0	61	9	8	3	8	6
Lapeer CMH	0	0	3	3	1	0	0	0
Sanilac CMH	1	0	15	11	0	0	1	1
St. Clair CMH	2	0	14	3	1	0	1	0
PIHP Totals	10	0	93	26	10	3	10	7

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. (BH TEDS data - Report date 12/17/19)

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
Genesee Health System	796	55	6.91%
Lapeer CMH	175	36	20.57%
Sanilac CMH	84	23	27.38%
St. Clair CMH	408	142	34.80%
PIHP Totals	1463	256	17.50%

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. (BH TEDS data - Report date 12/17/19)

Population	Total # of Enrollees	# of Enrollees with serious mental illness who live alone, with spouse or non-relative	Private residence rate
Genesee Health System	4916	2172	44.18%
Lapeer CMH	732	459	62.70%
Sanilac CMH	605	416	68.76%
St. Clair CMH	1742	1087	62.40%
PIHP Totals	7995	4134	51.71%

NARRATIVE OF RESULTS

The following PIHP Performance Indicators for Medicaid customers have performance standards that have been set by the Michigan Department of Health and Human Services.

At the PIHP level, all performance standards were met.

Performance Indicator #1 states: *“The percentage of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.”* **The set performance standard is 95%.** All CMHs met the standard for this indicator.

Performance Indicator #2 states: *“The percent of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.”* **The set performance standard is 95%.** All CMHs / SUD system met the set standard for this indicator.

Performance Indicator #3 states, *“The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional.”* **The set performance standard is 95%.** All CMHs / SUD system met the set standard for this indicator except for Sanilac CMH which did not meet the standard for the population breakout of adults with developmental disabilities with 50.00%.

Performance Indicator #4 states, *“The percentage of persons discharged from a psychiatric inpatient unit (or SUD Detox Unit) who are seen for follow-up care within seven days.”* **The set performance standard is 95%.** All met the set standard except for St. Clair CMH which did not meet the standard for the population breakout of adults with 94.52%.

Performance Indicator #10 states, *“The percentage of persons readmitted to an inpatient psychiatric unit within 30 calendar days of discharge from a psychiatric inpatient unit.”* **The set performance standard is 15% or less.** All CMHs met the set standard except for Sanilac CMH which did not meet the standard for the population breakout of children with 25.00%.

When a CMH reports that the MDHHS standard for a performance indicator has not been achieved during a quarter, a root cause analysis and plan of improvement are 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. All the CMHs have submitted root cause analyses and corrective action plans for any indicators not meeting set performance standards.

If a set standard benchmark is not achieved for the region, the indicator is investigated further by various committees within the QAPIP structure such as Quality Improvement Committee, Quality Management Committee, and Improving Practices Leadership Team to increase input from CMH partners, identify contributing factors and systemic issues for the outliers, and review opportunities for improvement across the region.

Root Cause Analyses / Corrective Action Plans

Sanilac CMH -

PI #3 – On-going service within 14 days of request

Root cause analysis revealed one individual was not seen within 14 days of non-emergent assessment with a professional due to confusion regarding treatment programs which created a gap when the start of service occurred. The following action plan was submitted by Sanilac CMH: Sanilac CMH created a new referral process that looks at the appropriateness for different treatment areas and if an inappropriate appointment is set up, a worker will be

available at the set appointment. Additional information has been requested of Sanilac CMH to clarify the root cause analysis and plan of correction.

Sanilac CMH-

PI #10 - Inpatient Recidivism

Root cause analysis revealed one child was readmitted within 30 days of discharge due to extenuating, unavoidable circumstances which required CMH to readmit.

The following action plan was submitted by Sanilac CMH: Sanilac CMH has created a committee to review all recidivism cases to ensure that appropriate levels of service are put into place to reduce the number of readmissions.

St. Clair CMH-

PI #4 – Hospital Discharge Follow up

Root cause analysis revealed there were four individuals that were not seen within seven days of discharge.

The following action plan was submitted by St. Clair CMH: The expectation for individuals to be seen within seven calendar days of discharge will be addressed at both the December Supervisors' Meeting and the January Case Holders' Meeting. Program Supervisors will be instructed to work with Mobile Crisis Unit on making those contacts that fall within seven calendar days but are missed due to holidays. Additional information has been requested of St. Clair CMH to provide a more thorough root cause analysis and clarify the plan of correction.

Additional oversight and follow up regarding corrective action items will occur through the contract monitoring process.