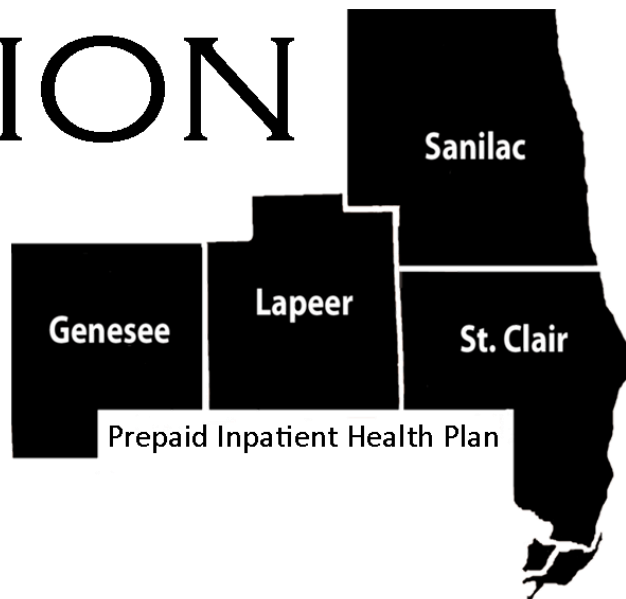


REGION

10



Michigan Mission-Based Performance Indicator System
JULY – SEPTEMBER
FY 2018 - 4TH QUARTER

Region 10 PIHP
Michigan Mission-Based Performance Indicator System

FY2018 - 4th Quarter Summary Report

(July 1, 2018 – September 30, 2018)

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 2018 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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	100	100	100	99.26	99.43	100	100	100	99.21	100	99.52	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	100	100	100	100	100	100	100	100
PIHP Totals	100 N=216	100 N=243	100 N=259	99.56 N=229	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	100	100	99.32	99.11	99.60	100	99.31	99.88	99.75	99.62	100	99.76
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=799	100 N=1132	99.54 N=1082	99.42 N=1202	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	95.77	96.73	97.02	92.28 (311/337)	93.85 (351/374)	88.20 (299/339)	98.10	100	100	99.49	99.58	99.44
Lapeer CMH	100	99.25	96.12	100	99.33	98.66	99.35	100	100	99.38	99.35	98.66
Sanilac CMH	100	100	100	100	100	100	100	100	100	100	100	100
St. Clair CMH	100	100	100	100	100	99.65	100	100	100	99.58	99.64	100
Region 10 PIHP SUD	98.70	98.47	98.07	95.10	96.44	97.25	93.93 (883/940)	95.70	96.64	98.41	98.79	99.68
PIHP Totals	98.29 N=1755	98.39 N=1802	98.16 N=1689	95.84 N=1732	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	95.54	93.29 (153/164)	97.17	97.53	96.63	82.73 (115/139)	97.60	100	100	98.32	98.49	98.97
Lapeer CMH	100	97.37	97.44	100	97.96	98.03	97.67	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	98.67	100
PIHP Totals	97.24 N=326	95.76 N=283	93.34 N=241	98.42 N=253	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	95.79	98.98	96.75	84.67 (116/137)	84.62 (88/104)	92.57 (137/148)	97.90	100	100	100	100	100
Lapeer CMH	100	100	100	100	100	100	100	100	100	98.85	100	100
Sanilac CMH	100	100	100	100	100	100	100	100	100	100	100	100
St. Clair CMH	100	100	100	100	100	99.25	100	100	100	99.20	100	100
PIHP Totals	98.05 N=410	99.55 N=448	98.75 N=400	95.01 N=421	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	100	100	100	100	100	88.88 (32/36)	100	100	100	100	100	98.31
Lapeer CMH	100	100	0 (0/3)	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=38	100 N=40	93.18 N=44	100 N=56	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	95.00	100	97.37	95.00	100	93.75 (15/16)	100	100	100	100	100	100
Lapeer CMH	100	100	100	100	100	90.90 (10/11)	100	100	100	100	90.00 (9/10)	66.67 (4/6)
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	98.18 N=55	100 N=52	98.57 N=70	98.03 N=51	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Region 10 PIHP SUD	98.70	98.47	98.07	95.16	96.44	97.25	93.93	95.70	96.64	98.41	98.79	99.68
PIHP Totals	98.70 N=926	98.47 N=979	98.07 N=934	95.16 N=951	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	97.55	98.53	97.17	98.30	97.62	99.58	100	100	99.83	100	100	100
Lapeer CMH	97.50	100	100	98.89	93.20 (96/103)	95.04	98.33	95.35	96.97	95.60	100	99.01
Sanilac CMH	100	97.56	100	97.95	100	100	100	98.18	97.01	100	96.77	98.31
St. Clair CMH	97.27	98.22	97.18	97.52	98.90	96.77	92.75 (179/193)	98.33	96.49	95.17	95.95	95.15
Region 10 PIHP SUD	98.11	98.72	99.54	99.15	99.77	99.82	99.67	98.48	99.38	99.65	99.80	98.56
PIHP Totals	97.89 N=1617	98.66 N=1571	98.66 N=1642	98.70 N=1699	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	96.05	96.89	95.26	98.37	96.07	100	100	100	99.49	100	100	100
Lapeer CMH	100	100	100	100	85.71 (24/28)	100	100	96.55	100	92.59 (25/27)	100	100
Sanilac CMH	100	100	100	100	100	100	100	100	93.10 (27/29)	100	95.24	100
St. Clair CMH	96.15	93.75 (45/48)	100	100	98.18	98.18	95.83	100	94.23 (49/52)	85 (34/40)	95.83	97.83
PIHP Totals	96.43 N=308	96.69 N=302	96.56 N=320	98.78 N=246	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	98.94	100	99.37	98.92	100	99.00	100	100	100	100	100	100
Lapeer CMH	100	100	100	98.48	96.82	95.08	97.10	95.74	96.72	96.49	100	98.36
Sanilac CMH	100	96.30	100	96.55	100	100	100	97.30	100	100	97.06	100
St. Clair CMH	97.87	100	95.18	96.06	98.91	95.96	92.86 (104/112)	97.00	98.72	100	94.32 (83/88)	94.19 (81/86)
PIHP Totals	98.93 N=325	99.75 N=404	98.45 N=322	97.79 N=408	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	100	100	96.43	95.00	95.12	100	100	100	100	100	100	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	50.00 (1/2)
St. Clair CMH	100	100	96.55	100	100	95.23	85.19 (23/27)	100	96.43	100	100	90.00 (18/20)
PIHP Totals	100 N=41	100 N=34	96.97 N=66	98.00 N=50	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	100	100	100	95.24	100	100	100	100	100	100	100	100
Lapeer CMH	71.42 (5/7)	100	100	100	85.71 (6/7)	75.00 (6/8)	100	83.33 (5/6)	66.67 (2/3)	100	100	100
Sanilac CMH	100	100	100	100	100	100	100	100	100	100	100	100
St. Clair CMH	95.23	100	100	100	100	100	100	100	92.31 (12/13)	92.86 (13/14)	100	100
PIHP Totals	93.50 N=48	100 N=49	100 N=70	97.91 N=48	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Region 10 PIHP SUD	98.11	98.72	99.54	99.15	99.77	99.82	99.68	98.48	99.38	99.65	99.80	98.56
PIHP Totals	98.11 N=845	98.72 N=782	99.54 N=864	99.15 N=947	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	100	96.67	96.55	97.77	100	100	100	97.87	96.77	100	100	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	96	100	100	100	100	100	97.14	100	100	100
PIHP Totals	100 N=43	98.41 N=63	97.03 N=101	98.70 N=77	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	100	96.05	95.45	95.53	95.88	98.26	98.06	97.04	97.54	97.27	97.21	98.28
Lapeer CMH	100	100	100	100	100	100	100	100	100	100	100	100
Sanilac CMH	93.33 (14/15)	100	100	100	100	100	100	100	100	94.44 (17/18)	100	100
St. Clair CMH	98.78	97.62	100	98.36	98.53	100	97.44	98.46	96.43	98.51	100	100
PIHP Totals	99.12 N=225	97.05 N=305	96.73 N=367	96.57 N=380	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Region 10 PIHP SUD	100	100	95.88	95.24	100	95.00	100	100	100	100	100	100
PIHP Totals	100 N=176	100 N=50	95.88 N=97	95.24 N=21	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Total Medicaid Beneficiaries Served	10,660	10,814	11,057	10,892	11,025	11,089	11,203	14,357	14,390	14,458	14,539	14,543
Number of Area Medicaid Recipients	144,630	146,848	146,457	146,300	153,728	147,147	147,280	149,804	149,138	203,630	202,212	200,843
PIHP Totals	7.37%	7.36%	7.55%	7.44%	7.17%	7.54%	7.61%	9.58%	9.65%	7.10%	7.19%	7.24%

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	654	645	644	641	653	640	641	625	630	623	642	637
Total Number of HSW Enrollees	657	657	645	644	662	656	653	636	642	642	646	650
PIHP Totals	99.54	98.17	99.84	99.43	98.64	97.56	98.16	98.72	98.13	97.04	99.38	98.00

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 FY18. (BH TEDS data - Report date 12/27/18 - *Age 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	4698	319	6.79%
Lapeer	783	144	18.39%
Sanilac	481	71	14.76%
St. Clair	1327	212	15.98%
PIHP Totals	7289	746	10.23%

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 FY18. (BH TEDS data - Report date 12/27/18 - *Age 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	770	26	3.38%
Lapeer	173	10	5.78%
Sanilac	89	7	7.87%
St. Clair	383	42	10.97%
PIHP Totals	1415	85	6.01%

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 FY18. (BH TEDS data - Report date 12/27/18 - *Age 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	434	15	3.46%
Lapeer	61	7	11.48%
Sanilac	108	6	5.56%
St. Clair	248	23	9.27%
PIHP Totals	851	51	5.99%

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 (competitive) employment activities. This represents the total for FY18. (BH TEDS data - Report date 12/27/18 - *Age 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	319	293	91.85%
Lapeer	144	127	88.19%
Sanilac	71	68	95.77%
St. Clair	212	200	94.34%
PIHP Totals	746	688	92.23%

Indicator 9.b. The percent of adults with developmental disabilities, served by the CMHSPs and PIHPs who earned minimum wage or more from any (competitive) employment activities. This represents the total for FY18. (BH TEDS data - Report date 12/27/18 - *Age 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	26	21	80.77%
Lapeer	10	8	80.00%
Sanilac	7	6	85.71%
St. Clair	42	36	85.71%
PIHP Totals	85	71	83.53%

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 (competitive) employment activities. This represents the total for FY18. (BH TEDS data - Report date 12/27/18 - *Age 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	15	14	93.33%
Lapeer	7	7	100.00%
Sanilac	6	6	100.00%
St. Clair	23	21	91.30%
PIHP Totals	51	48	94.12%

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	10.77	5.88	14.93	11.43	8.43	9.59	7.59	12.68	12.28	12.15	17.97 (16/89)	11.94
Lapeer CMH	0	20.00 (2/10)	15.38 (2/13)	0	0	25.00 (2/8)	0	25.00 (4/16)	8.33	15.38 (2/13)	9.00	12.50
Sanilac CMH	0	0	0	12.50	21.43 (3/14)	0	14.28	33.33 (4/12)	0	0	25.00 (2/8)	20.00 (1/5)
St. Clair CMH	10.53	5.00	14.29	26.08 (6/23)	6.25	11.11	4.35	8.33	14.63	13.64	4.16	0
PIHP Totals	9.28 N=97	6.93 N=101	13.79 N=116	14.02 N=107	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

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 16	2Q FY 16	3Q FY 16	4Q FY 16	1Q FY 17	2Q FY17	3Q FY 17	4Q FY 17	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY18
Genesee Health System	14.53	13.94	14.33	12.34	10.91	13.76	12.00	12.25	15.08 (76/504)	12.42	17.62 (77/437)	11.32
Lapeer CMH	3.23	17.07 (7/41)	3.45	11.76	4.16	8.82	0	15.38 (4/26)	0	13.33	12.00	10.20
Sanilac CMH	0	15	10	25.00 (7/28)	11.76	11.11	0	0	26.32 (5/19)	7.41	9.09	15.79 (3/19)
St. Clair CMH	20.18 (22/109)	18.97 (22/116)	10.39	14.10	19.32 (17/88)	11.63	10.48	13.79	20.00 (17/85)	14.44	10.00	6.67
PIHP Totals	14.48 N=504	15.18 N=593	12.82 N=468	13.21 N=545	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

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 2018

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	0	0	79	17	1	0	20	12
Lapeer CMH	0	0	4	1	0	0	0	0
Sanilac CMH	1	0	9	2	3	3	2	2
St. Clair CMH	0	0	11	7	1	1	0	0
PIHP Totals	1	0	103	27	5	4	22	14

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 FY18. (BH TEDS data - Report date 12/27/18)

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	789	48	6.08%
Lapeer CMH	182	40	21.98%
Sanilac CMH	92	16	17.39%
St. Clair CMH	390	119	30.51%
PIHP Totals	1453	223	15.35%

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 FY18. (BH TEDS data - Report date 12/27/18)

Population	Total # of Enrollees	# of Enrollees with serious mental illness who live alone, with spouse or non-relative	Private residence rate
Genesee Health System	4726	2062	43.63%
Lapeer CMH	786	533	67.81%
Sanilac CMH	481	327	67.98%
St. Clair CMH	1338	819	61.21%
PIHP Totals	7331	3741	51.03%

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 #2 states: *“The percent of new persons during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.”* **95% within 14 days is the standard.** All CMHs met the set standard overall. One CMH did not meet the set standard for the breakout of adults with developmental disabilities; Lapeer CMH with 66.67%.

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.”* **95% within 14 days is the standard.** All CMHs met the set standard overall. One CMH did not meet the set standard for the breakout of adults with mental illness; St. Clair CMH with 94.19%. Two CMHs did not meet the standard for the breakout of children with developmental delays; Sanilac CMH with 50% and St. Clair CMH with 90%.

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.”* **15% or less within 30 days is the standard.** One CMH did not meet the set standard for children; Sanilac with 20%. One CMH did not meet the set standard for adults; Sanilac with 15.79%.

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.

Root Cause Analyses / Corrective Action Plans

Lapeer CMH –

PI #2 – Intake assessment within 14 days of request.

The two individuals outside the time frames were identified as County of Financial Responsibility (COFR) cases. The initial intakes that were within the time frames were cancelled pending approval of the COFR county. Later intakes were scheduled following clarification of the COFR guidelines with the supervisor.

The following corrective action plan was submitted by Lapeer: COFR cases referred by the Access Center will be seen for initial evaluation with follow up contact with the COFR CMH for authorization of ongoing services.

St. Clair CMH –

PI #3 – On-going service begins within 14 days of intake assessment.

Root Cause Analysis revealed eight individuals’ appointments were not completed within the 14-day window. The following Corrective Action Plan was submitted by St. Clair: All Supervisors were notified to provide additional training specifically on completing the second contact within the 14-day window. (Additional information has been requested on this action plan.)

Sanilac CMH –

PI #3 – On-going service begins within 14 days of intake assessment.

Root Cause Analysis revealed there was a child who was not able to make it home from visitation with the father for the IPOS appointment. Mother requested that the IPOS take place as scheduled.

The following Corrective Action Plan was submitted by Sanilac: It made sense clinically to continue with the IPOS meeting even though the child was not able to make the scheduled appointment.

PI #10a. Inpatient Recidivism

Root Cause Analysis revealed that there was one child readmission to inpatient unit; the child had extenuating family circumstances that were unavoidable. There were also three adult readmissions to the inpatient unit; one adult was readmitted two additional times; the first readmission occurred prior to being able to initiate additional services to increase support. The subsequent hospitalization occurred prior to the increased supports being in place for an extended period of time. The third readmission was a patient who was non-compliant with psychiatric treatment.

The following Corrective Action Plan was submitted by Sanilac CMH: Sanilac is developing an agency protocol to address recidivism which will be implemented within the next six months. In the meantime, Sanilac has increased staff capacity to improve staff engagement with individuals, and has increased individuals' supports as needed including natural and community supports.

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

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