



Northern Lakes Community Mental Health Authority  
2007 Agency Performance Assessment Summary

<u>#</u>	<u>Assessment Domain</u>	<u>FY 2006 Domain Score</u>	<u>FY 2007 Domain Score</u>
<b>1</b>	<b>Consumer</b>	<b>94%</b>	<b>88.1%</b>
	External	NA	87.3%
	Internal	NA	88.3%
<b>2</b>	<b>Ownership</b>	<b>88.3%</b>	<b>90.9%</b>
	External	NA	83.6%
	Internal	NA	93.3%
<b>3</b>	<b>Financial</b>	<b>100%</b>	<b>100%</b>
	External	NA	100%
	Internal	NA	100%
<b>4</b>	<b>Manager</b>	<b>86.9%</b>	<b>94.6%</b>
	External	NA	94.6%
	Internal	NA	NA
<b>5</b>	<b>Provider</b>	<b>91.1%</b>	<b>86.4%</b>
	External	NA	90.5%
	Internal	NA	80.1%
	<b>Overall Score</b>	<b>92.1%</b>	<b>92%</b>

## Domain 1: Consumer Assessment

### External Assessment:

1.1 A consumer forum was held in May with a session designed to obtain input on NLCMH services producing one overall percent satisfied:

Consumer Forum	70%
Stakeholder Satisfaction (Youth)	96%
Stakeholder Satisfaction (Adults)	96%
	Subtotal: 87.3%

### Internal Assessment:

1.2 Families receiving Home Based services (directly or contractually provided) were surveyed by completing the Youth Satisfaction Scale (or YSS). Average ratings for six domains were reported with mean scores ranging from 1 (low) to 5 (high).

Home Based Services - NLCMH Provided	<u>Mean Score</u>	<u>Percent</u>
Access to Care	4.58	91.6%
Participation in Treatment	4.57	91.4%
Cultural Sensitivity	4.62	92.4%
Appropriateness of Care	4.38	87.6%
Outcomes	3.57	71.4%
Social Connectedness	4.23	84.6%
	Subtotal:	86.8
Home Based Services - Contractually Provided	<u>Mean Score</u>	<u>Percent</u>
Access to Care	4.70	94%
Participation in Treatment	4.41	88.2%
Cultural Sensitivity	4.73	94.6%
Appropriateness of Care	4.40	88%
Outcomes	3.87	77.4%
Social Connectedness	4.38	87.6%
	Subtotal:	88.3

1.3 People receiving Assertive Community Treatment services completed the Mental Health Statistical Improvement Package (or MHSIP). Average ratings for five domains were reported with scores ranging from 5 (low) to 1 (high).

Assertive Community Treatment	<u>Mean Score</u>	<u>Percent</u>
General Satisfaction	1.65	87%
Access	1.88	82.4%
Quality/Appropriateness	1.79	84.2%
Participation in Treatment	1.71	85.8%
Outcomes/Functioning	1.69	86.2%

Subtotal: 85.1%

1.4 The Northern Lakes CMH Authority Board conducted two evaluations of the agency Ends Policy in 2007.

	<u>Actual Score</u>	<u>Possible Score</u>	<u>Percent</u>
March 15, 2007	81	84	96.4%
September 20, 2007	72	78	<u>92.3%</u>
		Subtotal:	94.3%

1.5 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>Actual Score</u>	<u>Performance Target</u>	<u>Percent</u>
Effectiveness			
Percent in competitive employment	38%	50%	76%
Percent earning minimum wage	88%	90%	<u>97.7%</u>
		Subtotal:	86.8%

### **Domain 1: Consumer Assessment Subtotal Summary**

External Assessment:

Consumer & Stakeholder Satisfaction 87.3%

Internal Assessment:

Home Based Survey –Directly Provided 86.8%

Home Based Survey – Contractually Provided 88.3%

Assertive Community Treatment Survey 85.1%

Board Ends Policy Evaluation 94.3%

Quality Improvement Effectiveness measures 86.8%

Domain Score 528.6 / 6 = 88.1%

## Domain 2: Owner Assessment

### External Assessment:

2.1 A community survey of NLCMH Services was conducted by Northwest Michigan College producing among other ratings, scores of perceived quality of services:

Community Survey Results – Quality of NLCMH Services Percent rating NLCMH services positively	83.6%
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### Internal Assessment:

2.2 The Northern Lakes CMH Authority Board conducted evaluations of agency three agency policies in 2007.

	<u>Actual Score</u>	<u>Possible Score</u>	<u>Percent</u>
Executive Limitations	699	716	98%
Governing Process	248	268	93%
Governance/CEO Linkages	59	66	<u>89%</u>
		Subtotal:	93.3%

### Domain 2: Owner Assessment Subtotal Summary

External Assessment:

Community Survey	83.6%
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Internal Assessment:

Executive Limitations	98%
Governing Process	93%
Governance/CEO Linkages	<u>89%</u>
Domain Score	363.6 / 4 = 90.9%

## Domain 3: Financial Assessment

### External Assessment:

3.1 An annual external audit by Roslund, Prestage and Company, P.C was conducted with no material findings.

External Audit Report	100%
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### Internal Assessment:

3.2 Northern Lakes CMH monitors its financial position with two key indicators monthly including:

	<u>Target</u>	<u>% of Months Exceeding Target</u>
Ratio of cash on hand to short term debt	>2.0	100%
Ratio of debt to net worth	<2.5	100%

### **Domain 3: Financial Assessment Subtotal Summary**

#### External Assessment:

Annual External Audit	100%
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#### Internal Assessment:

Cash to debt ratio	100%
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Debt to Net Worth ratio	<u>100%</u>
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Domain Score	300 / 3 = 100%
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## Domain 4: Manager Assessment

### External Assessment:

4.1 Northern Lakes CMH earned a three year accreditation for Network Management from CARF International.

Network Management CARF Accreditation	100%
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4.2 As the State of Michigan's contracted external quality review organization, Health Services Advisory Group from Phoenix Arizona conducted a compliance monitoring review of Northern Lakes CMH pre-paid inpatient health plan (PIHP) functions and reported scores in 11 distinct areas:

	<u>Score</u>
QAPI	100%
Performance Management	100%
Practice Guidelines	100%
Staff Qualifications	100%
Utilization Management	95%
Customer Services	100%
Grievance Processes	86%
Enrollee Rights	67%
Overall Compliance Monitoring	90%
Record Review Overall	81%
Overall Compliance Monitoring and Record	<u>88%</u>
Subtotal:	91.5

4.3 Health Services Advisory Group also conducted a review of the Northwest CMH Affiliation Performance Improvement Project on 'Ongoing service within 14 days of non-emergent request' as well as conducted an on-site performance measure validation review:

HSAG Performance Improvement Project Validation	100%
HSAG Performance Measure Validation	100%

4.4 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	10	10	100%
General	4	4	100%
Peer Delivered and Operated Drop-In Centers	10	10	100%
Home Based	22	26	85%
ACT	26	32	81%
PSR (clubhouse)	23	26	88%
Crisis Residential Services	14	26	54%
Targeted Case Management	12	14	86%
Personal Care in Licensed Residential Settings	14	14	100%
Inpatient Psychiatric	18	18	100%
Children's Waiver	39	42	93%
Habilitation Waiver	22	24	92%
Additional Mental Health Services (b3)	23	26	88%
Jail Diversion	12	14	86%
Co-Occurring Mental Health and Substance Abuse	13	18	72%
Substance Abuse Access and Treatment	11	12	92%
Person Centered Planning	24	34	71%
Plan of Service and Documentation Requirements	10	16	63%
Provider Network/Administration	8	10	80%
Quality Improvement	7	10	70%
Health & Safety	4	8	50%
Coordination	12	20	60%
Record Keeping	<u>37</u>	<u>38</u>	<u>97%</u>
Subtotal:	375	452	83%

4.5 In July 2007 the Michigan Department of Community Health conducted a Rights System Assessment at Northern Lakes CMH with the following findings:

	<u>Actual</u>	<u>Possible</u>	<u>Percent</u>
Office of Recipient Rights	34	34	100%
Contracts	5	5	100%
ORR Requirements	28.9	30	96%
Semi & Annual Report	6	6	100%
Policies	36	36	100%
RRAC	21	21	100%
Complaint Investigation and Resolution	128.8	132.5	97%
Appeal/Dispute Resolution	<u>27.5</u>	<u>27.5</u>	<u>100%</u>
Subtotal:	287.2	292	98%

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 NLCMH performance compared to specific contractual performance standards:

	<u>Indicator Description</u>	Performance				
		<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%	98%	100%	93%	100%
1b	% of adults receiving a pre-admission screening for inpatient psych within 3 hrs	95%	99%	99%	98%	99%
2	% of new persons receiving face-to-face assessment within 14 days of non-emergent request	95%	98%	95%	90%	97%
2a	% of new children with SED receiving face-to-face assessment within 14 days of non-emergent request	95%	98%	94%	82%	98%
2b	% of new adults with MI receiving face-to-face assessment within 14 days of non-emergent request	95%	98%	95%	98%	95%
2c	% of children with DD receiving face-to-face assessment within 14 days of non-emergent request	95%	100%	100%	100%	100%
2d	% of adults with DD receiving face-to-face assessment within 14 days of non-emergent request	95%	100%	100%	100%	100%
2e	% of persons with substance use disorders receiving face-to-face assessment within 14 days of non-emergency request	95%	100%	98%	100%	100%
3	% of new persons starting ongoing service within 14 days of non-emergent request	95%	99%	97%	98%	99%
3a	% of new children with SED starting ongoing service within 14 days of non-emergent request	95%	98%	99%	97%	100%
3b	% of new adults with MI starting ongoing service within 14 days of non-emergent request	95%	99%	97%	99%	99%
3c	% of new children with DD starting ongoing service within 14 days of non-emergent request	95%	100%	86%	100%	100%
3d	% of new adults with DD starting ongoing service within 14 days of non-emergent request	95%	100%	100%	100%	100%
3e	% of new persons with substance use disorders starting ongoing service within 14 days of non-emergent request	95%	100%	100%	100%	96%
4a(1)	% of children discharged from a inpatient psych unit seen for follow-up within 7 days	95%	81%	64%	100%	100%
4a(2)	% of adults discharged from a inpatient psych Unit seen for follow-up within 7 days	95%	96%	92%	90%	95%
4b	% of persons discharged from a substance abuse detox unit seen for follow-up within 7 days	95%	100%	100%	100%	100%
12a	% of children readmitted to inpatient psych units within 30 calendar days of inpatient discharge	<15%	7%	0	7%	9%
12b	% of adults readmitted to inpatient psych units within 30 calendar days of inpatient discharge	<15%	12%	12%	9%	6%

Subtotal: 19 indicators X 4 quarters = 76 quarters  
 Performance met or exceeded the standard in 68 quarters  
 $68 / 76 = 89.5\%$

## Domain 4: Manager Assessment Subtotal Summary

### External Assessment:

CARF Network Management Accreditation	100%
HSAG Compliance Monitoring Review	91.5%
HSAG Performance Improvement Project Validation	100%
HSAG Performance Measure Validation	100%
MDCH full site visit	83%
Rights System Assessment	98%
Medicaid Performance Indicators	<u>89.5%</u>
Domain Score	94.6%

## Domain 5: Provider Assessment

### **External Assessment:**

5.1 Northern Lakes CMH maintained its three year accreditation for Behavioral Health Care Services from CARF International:

5.2 CARF Behavioral Health Accreditation 100%

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

5.4 MDCH Substance Abuse Services Certification 100%

5.5 Northern Lakes CMH maintained its Child Diagnostic services certification by the Michigan Department of Community Health on 9/28/06:

	<u>Actual</u>	<u>Possible</u>	<u>Percent</u>
Evaluation/Screening	3	3	100%
Referrals	3	3	100%
Treatment Planning	3	3	100%
Range of Services	8	9	88.9%
Staffing/Training	1	2	50%
Administration	<u>4</u>	<u>5</u>	<u>80%</u>
	22	25	88%

5.6 Northern Lakes CMH received a Children’s Waiver site visit by the Michigan Department of Community Health on 10/17/06:

	<u>Actual</u>	<u>Possible</u>	<u>Percent</u>
Eligibility	4	4	100%
Freedom of Choice	3	3	100%
Home Visits	NA	NA	NA
Provider Qualifications	4	6	66.7%
Administrative Procedures	4	4	100%
Plan of Service	<u>5</u>	<u>10</u>	<u>50%</u>
Subtotal	20	27	74.1%

### **Internal Evaluation:**

5.7 During the fourth quarter of FY 07 Northern Lakes CMH conducted an internal compliance monitoring assessment including both administrative record review and quantitative compliance:

	<u>Actual</u>	<u>Possible</u>	<u>Percent</u>
Administrative Record Review	1652	2184	76%

Quantitative Compliance	<u>893</u>	<u>1125</u>	<u>79%</u>
Subtotal:	2545	3309	76.9%

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

	<u>Documented</u>	<u>Billed</u>	<u>% Compliant</u>
Billed Services Documented	2810	3153	89.1%
Billed Services included in PCP	2453	3153	77.8%
Services Claimed are Medicaid or Alternative Services	<u>2453</u>	<u>3153</u>	<u>77.8%</u>
Subtotal:	7716	9459	81.6%

5.9 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:

	<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%	98%	100%	93%	100%
1b	% of adults receiving a pre-admission screening for inpatient psych within 3 hrs	95%	99%	98%	96%	99%
2	% of new persons receiving face-to-face assessment within 14 days of non-emergent request	95%	99%	95%	94%	99%
2a	% of new children with SED receiving face-to-face assessment within 14 days of non-emergent request	95%	99%	93%	83%	98%
2b	% of new adults with MI receiving face-to-face assessment within 14 days of non-emergent request	95%	99%	96%	100%	100%
2c	% of children with DD receiving face-to-face assessment within 14 days of non-emergent request	95%	100%	100%	100%	100%
2d	% of adults with DD receiving face-to-face assessment within 14 days of non-emergent request	95%	100%	100%	100%	100%
3	% of new persons starting ongoing service within 14 days of non-emergent request	95%	99%	98%	98%	99%
3a	% of new children with SED starting ongoing service within 14 days of non-emergent request	95%	98%	98%	97%	100%
3b	% of new adults with MI starting ongoing service within 14 days of non-emergent request	95%	99%	98%	98%	98%

3c	% of new children with DD starting ongoing service within 14 days of non-emergent request	95%	100%	93%	100%	100%
3d	% of new adults with DD starting ongoing service within 14 days of non-emergent request	95%	100%	100%	100%	100%
4a(1)	% of children discharged from a inpatient psych unit seen for follow-up within 7 days	95%	75%	58%	96%	100%
4a(2)	% of adults discharged from a inpatient psych Unit seen for follow-up within 7 days	95%	86%	89%	87%	88%
12a	% of children readmitted to inpatient psych units within 30 calendar days of inpatient discharge	<15%	7%	0	7%	9%
12b	% of adults readmitted to inpatient psych units within 30 calendar days of inpatient discharge	<15%	12%	12%	9%	6%

Subtotal: 16 indicators X 4 quarters = 64 quarters  
Performance met or exceeded the standard in 54 quarters  
54 / 64 = 84.4%

### Domain 5: Provider Assessment Subtotal Summary

External Assessment:

CARF Behavioral Health Accreditation	100%
Substance Abuse Certification	100%
Child Diagnostic Certification	88%
Children’s Waiver Certification	74.1%
Subtotal	90.5%

Internal Assessment:

Compliance Monitoring	76.9%
Medicaid Verification	81.6%
Provider Performance Indicators	<u>84.4%</u>
Subtotal	80.1%

Domain Score 605 / 7 = 86.4%