

04/05/09



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 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
2008 Agency Performance Assessment

Assessment #	FY 2008 <u>Domain Score</u>
1 Consumer	88.6%
External	85.1%
Internal	92.0%
2 Ownership	86.8%
External	75.5%
Internal	98.1%
3 Financial	100.0%
External	100.0%
Internal	100.0%
4 Manager	90.9%
External	90.9
Internal	NA
5 Provider	91.3%
External	96.5%
Internal	86.1%
Overall Score	91.5%

Domain 1: Consumer Assessment

External Assessment:

1.1 There was no Consumer Forum conducted by Consumer Advocacy Council during FY 08
Subtotal = NA

1.2 Families receiving Home Based services (directly provided by NLCMH or contractually provided) were surveyed by completing the Youth Satisfaction Scale (or YSS) consistent with the MDCH Statewide Survey Plan. Average ratings for six domains were reported with mean scores ranging from 1 (low) to 5 (high) and by the percent of target achieved.

NLCMH-Provided Home Based Services	<u>Mean Score</u>	<u>Percent of Target Achieved</u>
Access to Care	4.34	86.8%
Participation in Treatment	4.46	89.2%
Cultural Sensitivity	4.56	91.2%
Appropriateness of Care	4.10	82.0%
Outcomes	3.57	71.4%
Social Connectedness	4.15	<u>83.0%</u>
		Subtotal = 83.9%

1.3 Families receiving Home Based services (directly provided by NLCMH or contractually provided) were surveyed by completing the Youth Satisfaction Scale (or YSS) consistent with the MDCH Statewide Survey Plan. Average ratings for six domains were reported with mean scores ranging from 1 (low) to 5 (high) and by the percent of target achieved.

Contractually-Provided Home Based Services	<u>Mean Score</u>	<u>Percent of Target Achieved</u>
Access to Care	4.71	94.2%
Participation in Treatment	4.64	92.8%
Cultural Sensitivity	4.67	93.4%
Appropriateness of Care	4.53	90.6%
Outcomes	3.84	76.8%
Social Connectedness	4.40	<u>88.0%</u>
		Subtotal = 89.3%

1.4 People receiving Assertive Community Treatment services completed the Mental Health Statistical Improvement Package (or MHSIP) consistent with the MDCH Statewide Survey Plan. Average ratings for five domains were reported with scores ranging from 5 (low) to 1 (high) and by the percent of target achieved.

Assertive Community Treatment Services	<u>Mean Score</u>	<u>Percent of Target Achieved</u>
General Satisfaction	1.90	82.0%
Access	1.88	82.4%
Quality/Appropriateness	1.82	83.6%
Participation in Treatment	1.89	82.2%
Outcomes/Functioning	1.99	<u>80.2%</u>
		Subtotal = 82.1%

Internal Assessment:

1.5 The Northern Lakes CMH Authority Board conducted two evaluations of the agency Ends Policy in 2008.

	<u>Possible Score</u>	<u>Actual Score</u>	<u>Percent</u>
March 20, 2008	72	71	98.6%
September 18, 2008	65	65	<u>100.0%</u>
			Subtotal = 99.3%

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

	<u>Performance Target</u>	<u>Actual Performance</u>	<u>% of Target Achieved</u>
Percent in competitive employment	50%	34.7%	69.4%
Percent earning minimum wage	90%	96.9%	<u>100.0%</u>
			Subtotal = 84.7%

Domain 1: Consumer Assessment Summary

External Assessment:

1.1 Consumer & Stakeholder Satisfaction	NA
1.2 Home Based Survey –Directly Provided	83.9%
1.3 Home Based Survey – Contractually Provided	89.3%
1.4 Assertive Community Treatment Survey	<u>82.1%</u>
	Subtotal = 85.1%

Internal Assessment:

1.5 Board Ends Policy Evaluation	99.3%
1.6 Quality Improvement Effectiveness measures	<u>84.7%</u>
	Subtotal = 92.0%

Domain Score: $177.1 / 2 = 88.6\%$

Domain 2: Owner Assessment

External Assessment:

2.1 Surveys were used to ask County Commissions their perceptions of NLCMH 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/7responses	88.8%
Grand Traverse 9 commissioners/4 responses	60.2%
Leelanau 7 commissioners/7responses	77.7%
Missaukee 7 commissioners/6 responses	68.3%
Roscommon 5 commissioners/3 responses	69.2%
Wexford 9 commissioners/2 responses	<u>52.5%</u>
Subtotal =	69.5%

2.2 A community survey of NLCMH Services was conducted by Northwest Michigan College producing among other ratings, scores of perceived quality of services. The percent of respondents rating NLCMH services in each of the following categories:

Excellent 15.0% x 100	15.0%
Above average 36.7% x 90	33.0%
Average 41.7% x 80	<u>33.4%</u>
Subtotal =	81.4%

Internal Assessment:

2.3 The Northern Lakes CMH Authority Board conducted evaluations in three areas of board policy in 2008.

	<u>Possible Score</u>	<u>Actual Score</u>	<u>Percent</u>
Executive Limitations	686	683	99.6%
Governing Process	292	280	95.9%
Governance/CEO Linkages	95	94	<u>98.9%</u>
Subtotal =	1073	1057	98.1%

Domain 2: Owner Assessment Summary

External Assessment:

2.1 County Commission Surveys	69.5%
2.2 Community Survey	<u>81.4%</u>
Subtotal =	75.5%

Internal Assessment:

2.3 Board Policy Evaluations	Subtotal = 98.1
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Domain Score: = $173.6 / 2 = 86.8\%$

Domain 3: Financial Assessment

External Assessment:

- 3.1 An annual external financial audit by Roslund, Prestage and Company, P.C was conducted with no material findings.
External Financial Audit Report Results Subtotal = 100.0%
- 3.2 An annual external compliance audit report by Roslund, Prestage and Company, P.C. was conducted with no reportable conditions that are individually or cumulatively material weaknesses in internal control. No material non-compliance with the provisions of laws, regulations or contracts. 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>
		5.9	16.3	31.7	15.5	19.3	8.0	6.5	5.1	5.4	5.6	4.5	5.5
				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>		<u>Exceeding Target</u>			Subtotal = 100.0%
		>2.0		12		12							
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>
		0.7	0.5	0.4	0.5	0.5	0.6	0.7	0.8	0.7	0.5	0.6	0.6
				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>		<u>Exceeding Target</u>			Subtotal = 100.0%
		<2.5		12		12							

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	<u>100.0%</u>
	Subtotal = 100.0%

Domain Score: 200 / 2 = 100.0%

Domain 4: Manager Assessment

External Assessment:

- 4.1 Northern Lakes CMH maintained three year accreditation for Services Management Network from CARF International. Subtotal = 100.0%
- 4.2 As the State of Michigan’s contracted external quality review organization, Health Services Advisory Group from Phoenix Arizona conducted a follow-up review for compliance monitoring of Northern Lakes CMH pre-paid inpatient health plan (PIHP) functions and reported scores:
- | | <u>Score</u> |
|-----------------------------|------------------|
| Subcontracts and Delegation | 100.0% |
| Provider Network | 100.0% |
| Credentialing | 99.0% |
| Access and Availability | 88.0% |
| Coordination of Care | 100.0% |
| Appeals | 100.0% |
| Advance Directives | <u>100.0%</u> |
| | Subtotal = 98.1% |
- 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 timeliness of access to care and services for new instances of children with SED starting any needed, ongoing service within 14 days of non-emergent assessment with a professional. The project received a validation status of Not Met with 63% of the evaluation elements *Met* and 82% of the critical elements *Met*. Subtotal = 72.0%
- 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. 12 individual indicators were reviewed and all 12 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 September 12-28, 2007. Although additional observations were recorded and further recommendations for improvement 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.

	<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%	100.0%	100.0%	100.0%	100.0%
1b	% of adults receiving a pre-admission screening for inpatient psych within 3 hrs	95.0%	100.0%	99.0%	100.0%	99.0%
2	% of new persons receiving face-to-face assessment within 14 days of non-emergent request	95.0%	94.0%	94.0%	97.0%	100.0%
3	% of new persons starting ongoing service within 14 days of non-emergent request	95.0%	97.0%	98.0%	99.0%	98.0%
4a(1)	% of children discharges from a inpatient psych unit seen for follow-up within 7 days	95.0%	88.0%	97.0%	100.0%	100.0%
4a(2)	% of adults discharges from a inpatient psych Unit seen for follow-up within 7 days	95.0%	91.0%	98.0%	100.0%	99.0%
12a	% of children readmitted to an inpatient psychiatric unit within 30 days of discharge	15% or less	21.0%	15.0%	7.0%	9.0%
12b	% of adults readmitted to an inpatient psychiatric unit within 30 days of discharge	15% or less	14.0%	13.0%	7.0%	9.0%

8 indicators x 4 quarters = 32 possible

Performance met or exceeded the standard in 27 quarters

$27 / 32 = 84.4\%$

Subtotal = 84.4%

Domain 4: Manager Assessment Summary

External Assessment:

4.1 CARF Network Management Accreditation	100.0%
4.2 HSAG Compliance Monitoring Review	98.1%
4.3 HSAG Performance Improvement Project Validation	72.0%
4.4 HSAG Performance Measure Validation	100.0%
4.5 MDCH site visit – Review of Implementation Plan	NA
4.6 Medicaid Performance Indicators	<u>84.4%</u>

Domain Score: 454.5 / 5 = 90.9%

Domain 5: Provider Assessment

External Assessment:

- 5.1 Northern Lakes CMH maintained three year CARF accreditation for Behavioral Health Services for the following programs and services:
 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)
 Community Services: Child and Youth Services
Subtotal = 100.0%
- 5.2 Northern Lakes CMH maintained its substance abuse services certification by the Michigan Department of Community Health: Subtotal = 100.0%
- 5.3 Northern Lakes CMH maintained its Child Diagnostic services certification by the Michigan Department of Community Health: Subtotal = 100.0%
- 5.4 Northern Lakes CMH maintained its Children’s Waiver services certification by the Michigan Department of Community Health: Subtotal = 100.0%
- 5.5 Northern Lakes CMH participates in the Michigan Association of Community Mental Health Boards Benchmarking Initiative through contract with Behavioral Health Pathway Systems, which provides comparative benchmarking data profiling NLCMH performance against other participating Michigan CMHs and national performance norms. Quarterly overall executive reports summarize performance across 43 clinical and operational benchmarks by describing the proportion of NLCMH indicators which are Favorable, Unfavorable or Neutral compared to all other participating organizations. The table below summarizes NLCMH performance in three distinct reporting categories: Clinical, Operational and Overall throughout FY 08. Note that the Clinical and Operational indicator categories are calculated independently of the Overall category which is used to calculate the subtotal.

Percent of Benchmarking Indicators Favorable or Neutral

	<u>Clinical</u>	<u>Operational</u>	<u>Overall</u>
First Quarter	74.1%	90.0%	80.8%
Second Quarter	77.8%	85.0%	80.8%
Third Quarter	74.1%	91.7%	79.5%
Fourth Quarter	<u>76.9%</u>	<u>95.0%</u>	<u>84.8%</u>
	75.7%	90.4%	81.5%
			Subtotal = 82.5%

Internal Evaluation:

5.6 During the fourth quarter of FY 08 Northern Lakes CMH conducted an internal compliance monitoring assessment including both administrative record review and quantitative compliance:

	<u>Possible</u>	<u>Actual</u>	<u>Percent</u>
Administrative Record Review	6620	5418	81.8%
Quantitative Compliance	<u>5083</u>	<u>4144</u>	<u>81.5%</u>
	11703	9562	Subtotal = 81.7%

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

	<u>Billed</u>	<u>Documented</u>	<u>Percent Compliant</u>
Billed Services Documented	3516	3405	96.8%
Billed Services included in PCP Services Claimed are Medicaid or Alternative Services	3516	3073	87.4%
	<u>3516</u>	<u>3073</u>	<u>87.4%</u>
	10548	9551	Subtotal = 90.6%

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

	<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%	100.0%	100.0%	100.0%	100.0%
1b	% of adults receiving a pre-admission screening for inpatient psych within 3 hrs	95.0%	99.0%	99.0%	100.0%	100.0%
2	% of new persons receiving face-to-face assessment within 14 days of non-emergent request	95.0%	96.0%	97.0%	98.0%	100.0%
2a	% of new children with SED receiving face-to-face assessment within 14 days of non-emergent request	95.0%	90.0%	91.0%	93.0%	99.0%
2b	% of new adults with MI receiving face-to-face assessment within 14 days of non-emergent request	95.0%	100.0%	100.0%	100.0%	100.0%
2c	% of children with DD receiving face-to-face assessment within 14 days of non-emergent request	95.0%	100.0%	92.0%	100.0%	100.0%
2d	% of adults with DD receiving face-to-face assessment within 14 days of non-emergent request	95.0%	100.0%	100.0%	100.0%	100.0%
3	% of new persons starting ongoing service within 14 days of non-emergent request	95.0%	97.0%	98.0%	98.0%	98.0%
3a	% of new children with SED starting ongoing service within 14 days of non-emergent request	95.0%	96.0%	98.0%	100.0%	100.0%
3b	% of new adults with MI starting ongoing service within 14 days of non-emergent request	95.0%	99.0%	99.0%	99.0%	98.0%
3c	% of new children with DD starting ongoing					

	Performance	100.0%	100.0%	100.0%	100.0%
<u>Indicator Description</u>	<u>Standard</u>	<u>Qtr 1</u>	<u>Qtr 2</u>	<u>Qtr 3</u>	<u>Qtr 4</u>
3d % of new adults with DD starting ongoing service within 14 days of non-emergent request	95.0%	77.0%	93.0%	86.0%	100.0%
4a(1) % of children discharged from a inpatient psych unit seen for follow-up within 7 days	95.0%	82.0%	95.0%	100.0%	100.0%
4a(2) % of adults discharged from a inpatient psych Unit seen for follow-up within 7 days	95.0%	89.0%	97.0%	99.0%	100.0%
12a % of children readmitted to inpatient psych units within 30 calendar days of inpatient discharge	15% or less	7.0%	15.0%	8.0%	0.0%
12b % of adults readmitted to inpatient psych units within 30 calendar days of inpatient discharge	15% or less	10.0%	13.0%	8.0%	10.0%

16 indicators X 4 quarters = 64 possible

Performance met or exceeded the standard in 55 quarters

Subtotal = 55 / 64 = 85.9%

Domain 5: Provider Assessment Subtotal Summary

External Assessment:

5.1 CARF Behavioral Health Accreditation	100.0%
5.2 Substance Abuse Certification	100.0%
5.3 Child Diagnostic Certification	100.0%
5.4 Children's Waiver Certification	100.0%
5.5 MACMHB Benchmarking Initiative	<u>82.5%</u>
	Subtotal = 96.5%

Internal Assessment:

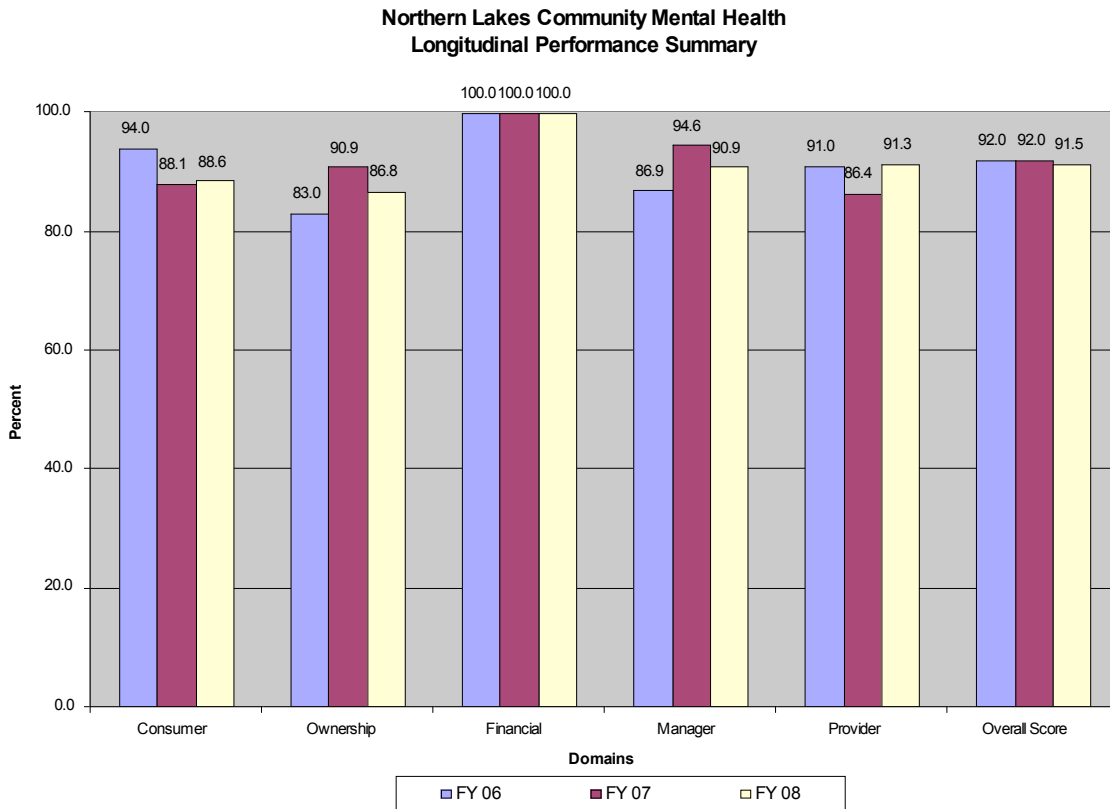
5.6 Compliance Monitoring	81.7%
5.7 Medicaid Verification	90.6%
5.8 Provider Performance Indicators	<u>85.9%</u>
	Subtotal = 86.1%

Domain Score: 182.6 / 2 = 91.3%

Longitudinal Summary

Background and Caution

Northern Lakes Community Mental Health Annual Performance Assessment reports are composed of many different measures of both internal and external origin which we gave enough weight. While some measures are consistent over time and additional measures are added as they become available, the goal is to present the most comprehensive and accurate portrayal of the overall performance of the organization. Caution must be exercised in interpreting longitudinal performance, as the specific content of each annual assessment varies, sometimes considerably. Still there is some value in considering the general overall performance of the organization over time despite variability in the specific measures composing each annual assessment.



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