

MICHIGAN MENTAL HEALTH PERFORMANCE INDICATOR SYSTEM
EXECUTIVE REPORT ON STATEWIDE TRENDS
April 1997 - September 2002

The Michigan Mission-Based Performance Indicator System was initiated in 1997 with full implementation occurring on October 1, 1998 with the signing of the Managed Specialty Supports and Services Contract between the Michigan Department of Community Health (MDCH) and the state's 48 community mental health services programs (CMHSPs). The CMHSPs are responsible for providing services, directly or via contract, to persons with mental illness and persons with developmental disabilities. The Performance Indicator System is one element of several in the Quality Management System that MDCH put into effect under the new contract.

The Performance Indicator System was developed by MDCH staff after a thorough review of indicators used by various national organizations and the input of Michigan's consumers, advocates, and CMHSP staff. Currently, Version 5.0 consists of more than 40 indicators divided into three essential domains of quality identified in the MDCH mission statement: **access**, **efficiency**, and **outcome**. Aggregated performance indicator data is submitted quarterly by CMHSPs, analyzed by MDCH staff, and presented in reports using both statistical and graphical methods. The reports are distributed to CMHSPs, MDCH staff and other interested stakeholders, including the Michigan Legislature.

This trend report was developed to illustrate performance over time on access and outcome indicators which MDCH believed could be affected by the implementation of managed care. Several of the indicators display pre-managed care data because the indicator was implemented prior to the FY 1998-2000 contract. Those indicators for which graphs begin with "period end date = 12/98" were first implemented with the managed care contract starting October 1, 1998. This report contains data for 16 quarters of the managed care contract.

Access

The concept of "access to care" reflects the ease with which care can be initiated and maintained. The Mission-based Performance Indicator System uses a variety of measures to evaluate access to Michigan's public behavioral healthcare system, including penetration rates for five population subgroups (e.g., persons with serious mental illness, persons 65 years of age or older), several indicators of timeliness in the areas of screening and assessment, and at least one measure of the extent to which initial requests for care are denied by CMHSPs.

In general, there has been little change in trends identified in earlier reports. Mean CMHSP penetration rates for three of the five population subgroups remained flat at previously established levels (Figures 1 & 2). However, a downward shift in the level of the ethnic minority penetration ratio may have occurred in the last year. In three of the last four reporting periods, that ratio fell below 1.2, the approximate average rate since 1997. Whether this represents a permanent downward shift in the level of this ratio remains to be seen. Additionally, the mean CMHSP penetration ratio for adults with serious mental illness (SMI) continued its slight upward trend, exceeding 56 percent for the first time in five years (Figure 3).

The mean CMHSP percentage of inpatient screenings where the disposition was completed within three hours remained above the existing 95 percent standard (Figure 4) for the 20th consecutive quarter. Similarly, the mean CMHSP percentage of assessments completed within 14 days of a request for non-emergent services (Figure 5) remained above the 95 percent standard for a ninth consecutive quarter. By comparison, the number of requests for second opinions (Figure 6), which rose to an historic high of 70 four quarters ago, dropped to 33, still the fourth highest number recorded. The high number of second opinions appears to have resulted from an unusually large number filed in Ottawa (11) and Oakland (6) CMHSPs. Finally, the mean CMHSP percentage of initial assessments resulting in denial of service or referral elsewhere (Figure 7), 6.58 percent, remained well below the average historical level during the last several years.

Outcomes

Both adverse and positive outcomes are included in the performance indicators, but only living arrangements, supported employment, and re-admission rates are displayed in the trend report. The graphs indicate that where people live has been fairly stable over the last 16 reporting periods. On average, the mean CMHSP percentage of children served who live with their family (Figure 8) has fluctuated just above 85 percent. By comparison, the mean CMHSP percentage of adults with mental illness living in their own home (Figure 9) remains in the 50 to 60 percent range while the same percentage for adults with developmental disabilities remains, on average, more than 30 percentage points lower. Mean CMHSP admission rates (Figures 10) remained below the desired standard of 15 percent or less, as they have since April 1997. Also, the median CMHSP percentage of persons with developmental disabilities in supported employment (Figures 11 & 12) has remained at or above 30 percent for 15 of the last 16 quarters, reaching its highest value ever, 41.79 percent, in the current period.

Throughout the implementation of the Performance Indicator System, MDCH Mental Health Quality Management staff have worked with CMHSP staff to clarify data definitions and to insure consistency of data collection methods and accuracy of the data submitted. As experience and insight are gained through monitoring the performance of CMHSPs, standards for various indicators will be established and requirements for meeting these standards integrated into the contract. MDCH Mental Health Contract Management staff follow up with CMHSPs that repeatedly submit data after the due date, are identified as negative statistical outliers, or fail to meet standard on any one indicator for two consecutive quarters. Follow-up may range from the discussion of poor performance or the development of performance objectives in the contract to the imposition of punitive sanctions. Mental health review teams conduct audits of the validity and integrity of data collection and processing methods during their annual site visits to CMHSPs. CMHSPs found to be out of compliance with MDCH standards must submit plans of correction, the implementation of which will be monitored by the MDCH contract managers.

ACCESS PENETRATION RATES

Figure 1

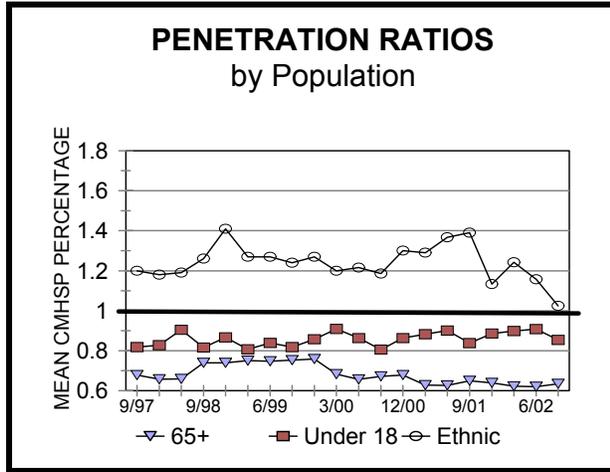


Figure 2

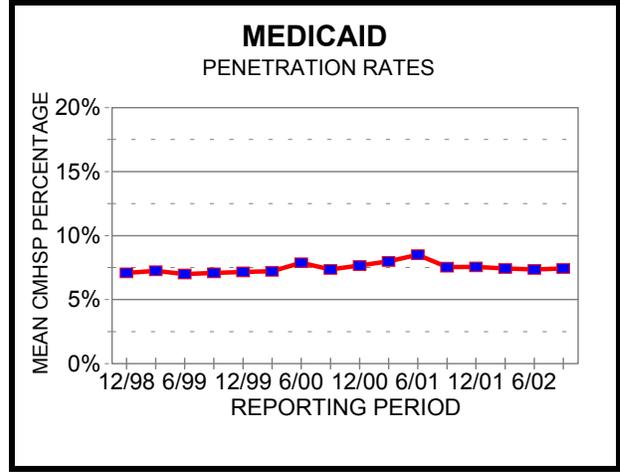


Figure 1. Mean CMHSP Penetration Ratios for persons 65+, under 18, and ethnic minorities.

Figure 2. Mean CMHSP percentage of area Medicaid recipients receiving CMHSP specialty services.

Figure 3

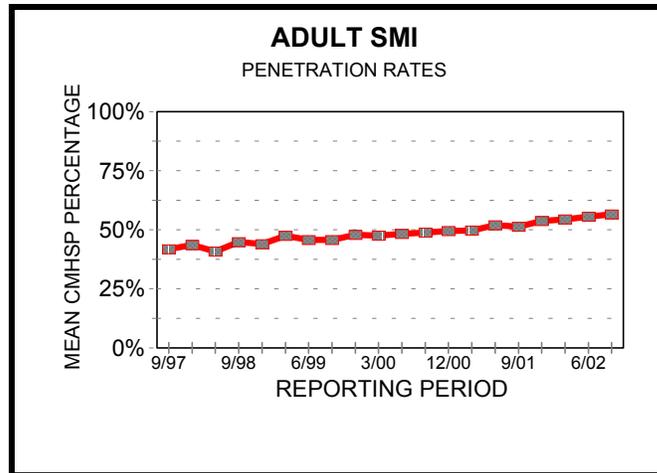


Figure 3. Mean CMHSP percentage of adults with serious mental illness served by the CMHSPs.

ACCESS TIMELINESS - INPATIENT SCREENING

Figure 4

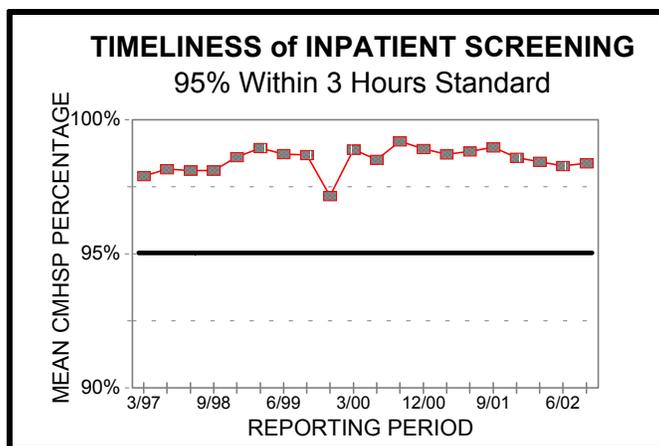


Figure 4. Mean CMHSP percentage of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. Standard = 95%

TIMELINESS: MEAN PERCENTAGE ASSESSED WITHIN 14 DAYS OF REQUEST FOR SERVICE

Figure 5

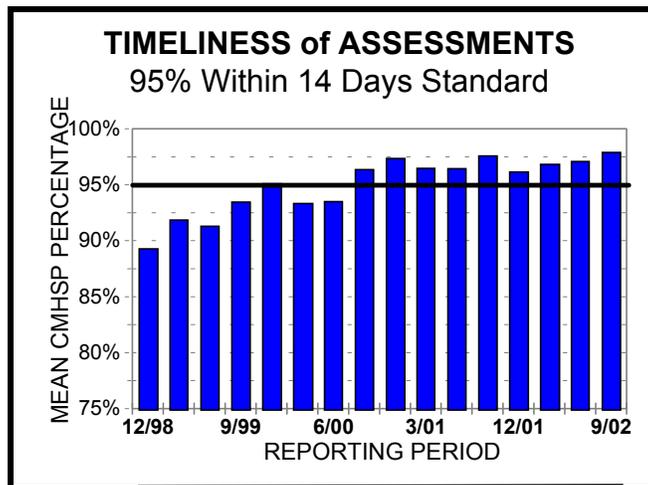


Figure 5. Mean CMHSP percentage of persons receiving a face-to-face meeting with a professional within 14 calendar days of a request for non-emergency service. Standard = 95%

ACCESS DENIALS OR REFERRALS

Figure 6

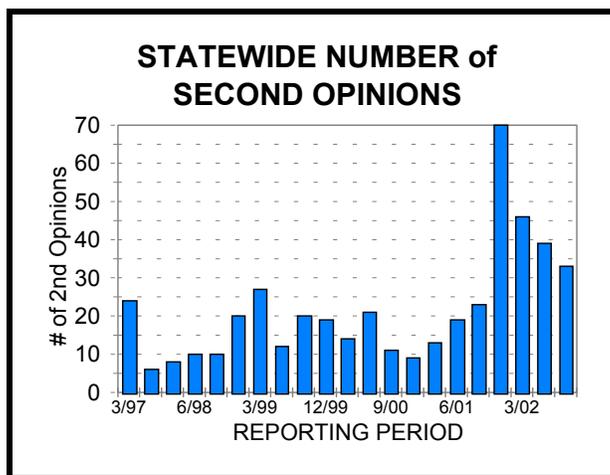


Figure 6. Number of persons statewide requesting a second opinion following denial of services or referral elsewhere.

Figure 7

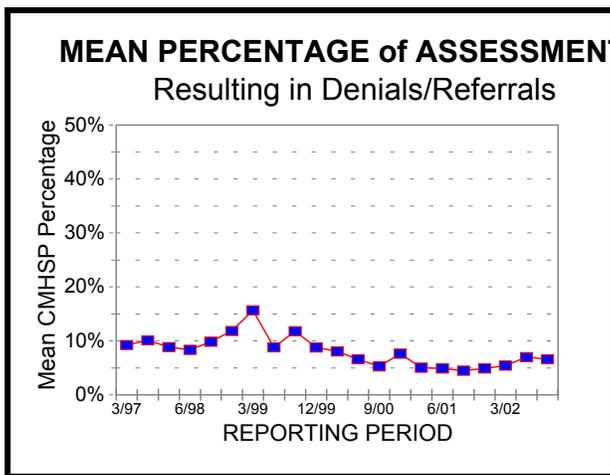


Figure 7. Mean CMHSP percentage of initial assessments performed by CMHSPs resulting in denial of service or referral elsewhere.

**OUTCOME
LIVING ARRANGEMENTS**

Figure 8

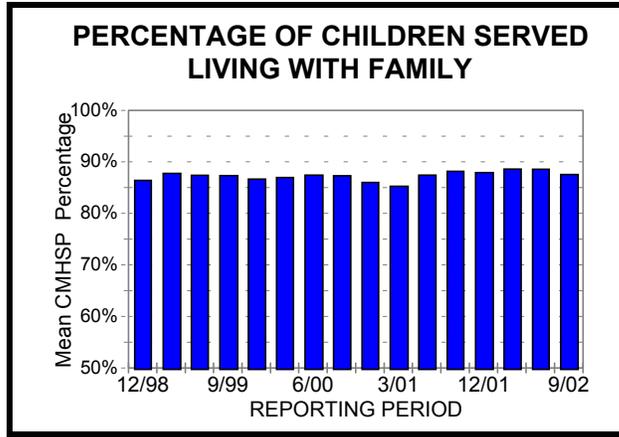


Figure 8. Mean CMHSP percentage of children served living with their families.

Figure 9

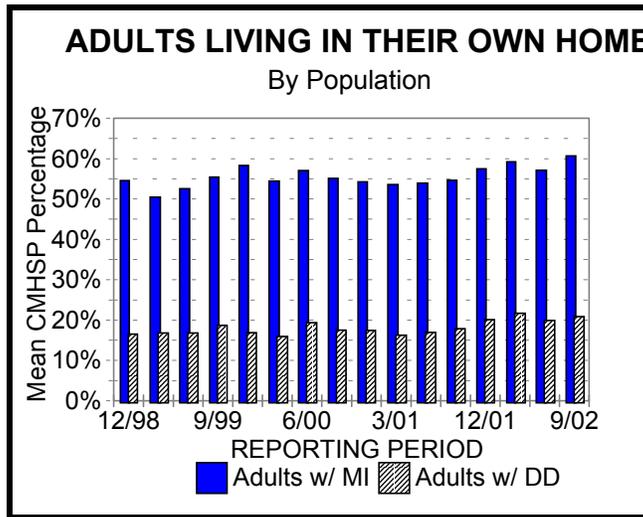


Figure 9. Mean CMHSP percentage of adults served living in their own residence (lease, rental agreement, or deed/mortgage of home, apartment or condo is in individual's name or that of spouse)

OUTCOMES READMISSION RATES

Figure 10

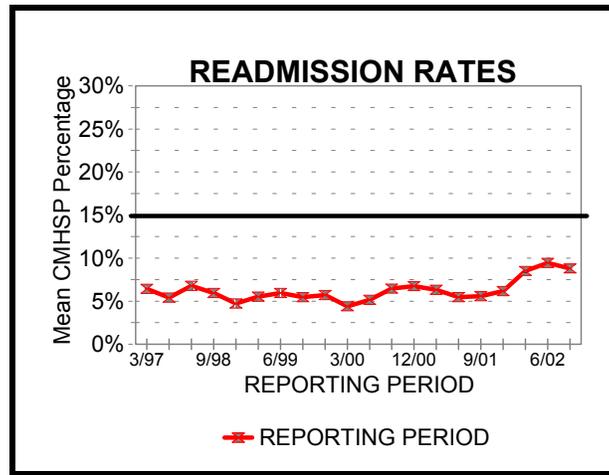


Figure. 10. Mean CMHSP percentage of persons readmitted to inpatient psychiatric units within 30 days of discharge.

OUTCOMES EMPLOYMENT

Figure 11

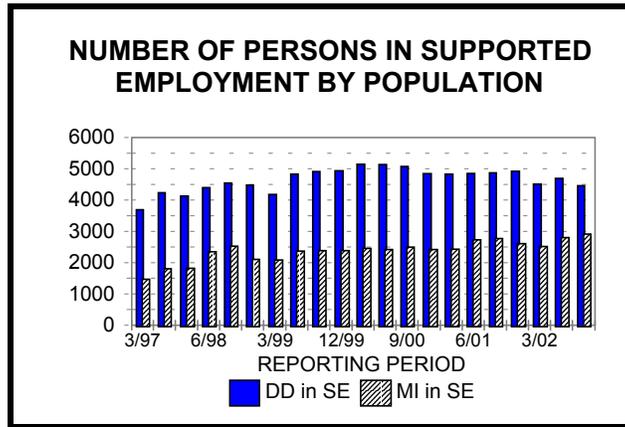


Figure 11. Statewide number of persons served receiving supported employment services.

Figure 12

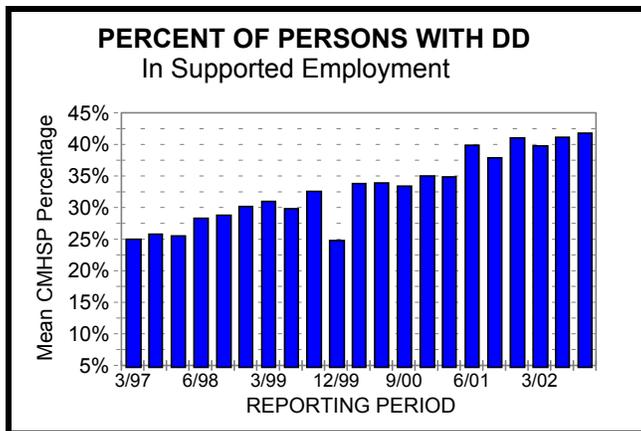


Figure 12. Median CMHSP percentage of persons with developmental disabilities involved in daytime activity who are receiving supported employment services.