

SECTION 404 (2) (f)
PERFORMANCE INDICATORS
FY 2004

MICHIGAN MENTAL HEALTH PERFORMANCE INDICATOR SYSTEM
FY 2004

DRAFT VERSION – May 6, 2005

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 4.0 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 report was developed to illustrate performance over time as well as for fiscal year 2004 on access, efficiency 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.

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 the percent of Medicaid recipients having received CMHSP managed services, several indicators of timeliness in the areas of screening and assessment, and the extent to which initial requests for care are denied by CMHSPs.

Efficiency

Efficiency is defined as the level of outcome achieved for a given level of resource expenditure. This report shows the percentage of total expenditures spent on CMHSP administrative functions (all funding streams) as well as PIHP, Medicaid administrative functions. The analyses show some PIHPs and CMHSPs to be outliers toward the high end of the distribution. Combined with other indicators of performance, information on percentage spent on administrative costs can be used as an indication of an agency's efficiency.

Outcomes

Outcomes are defined as changes in a consumer's current or future health status, level or functioning, quality of life, or satisfaction that can be attributed to the care provided. Both adverse and positive outcomes are included in the performance indicators, including living arrangements, supported employment, re-admission rates and sentinel events.

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.

Reviewing Graphics

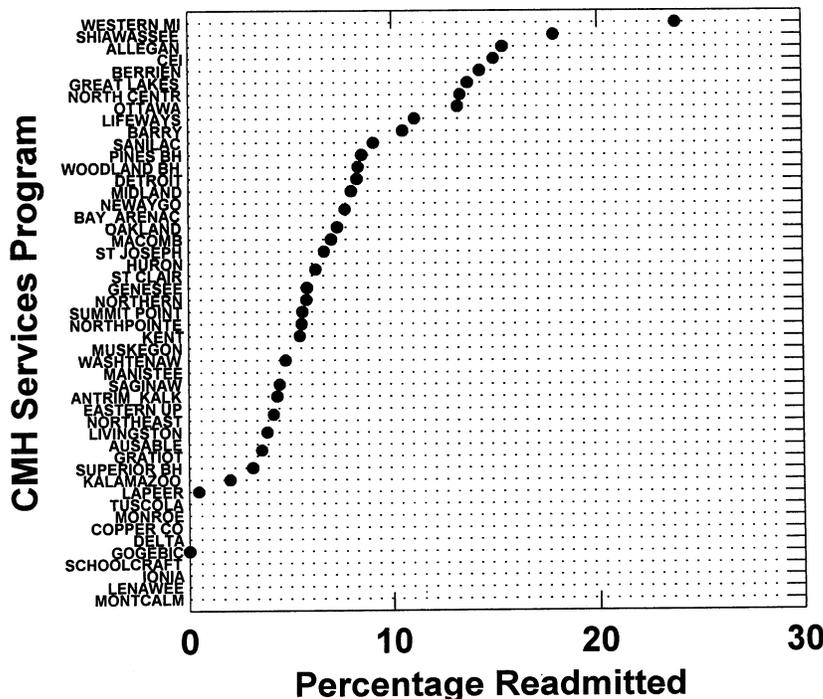
Introduction

This document is intended as a primer in the interpretation of three specific statistical graphs used to display performance indicator data submitted by Michigan's 48 Community Mental Health Services Programs - the dot chart, the box-and-whiskers plot, and the stem-and-leaf diagram. Each of these graphs presents numerical information visually in order to promote a deeper understanding of the structure of data. Understanding the kind of information conveyed by these graphs is necessary for understanding how individual community mental health services programs have performed, both absolutely and relatively, on the array of performance indicators currently collected and reported by the Department of Community Health.

The Dot Chart

The dot chart was invented in 1981 by William S. Cleveland of Bell Laboratories in order to display quantitative data in which each value has a label associated with it that must be shown on the graph. The large dots display the numerical values and the dotted lines permit the connection of each value with its label.

The dot chart below presents March 2004 data on performance indicator nō. 30 for each community mental health services program (CMHSP).



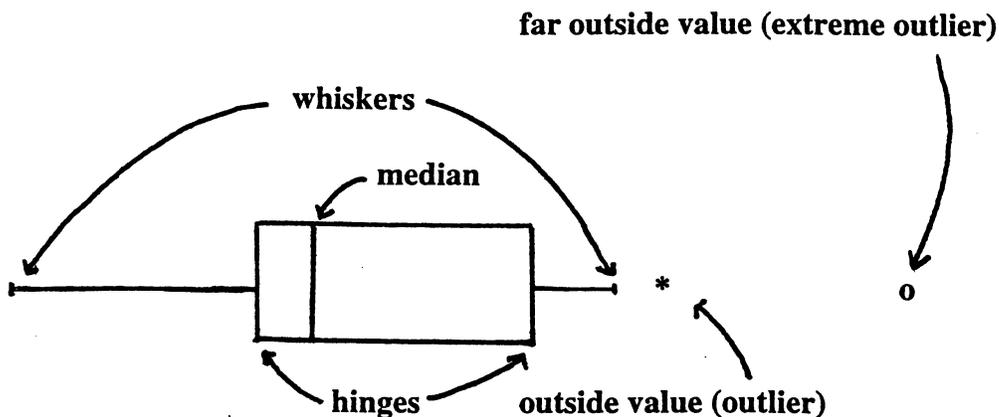
No hospital discharges during period: Central MI and Van Buren CMHSPs

Performance Indicator No. 30 represents the percentage of CMHSP hospital discharges readmitted within 15 days. On the left side of the dot chart are the labels, that is, the names of the community mental health services programs. Directly to the right of each program is a dot representing the program's performance on the indicator. Some CMHSPs appear to lack a corresponding dot, e.g., Monroe, Delta, Ionia, and Lenawee. This is an artifact of the graphing program which attempts to reduce visual clutter by using a single dot to represent all units tied at a particular numerical value. In this instance, the four CMHSPs were tied at "zero percent readmitted within 15 days." The dot for Gogebic CMHSP, therefore, represents the performance of all programs tied at this value.

The Box-and-Whiskers Plot

The box-and-whiskers plot is a simple graphic designed to display the distribution of a single variable such as age, education, or the percentage of hospital discharges readmitted within 15 days. The box plot was developed by statistician John Tukey in the late 1970s.

The various features of the box plot show the median (center line), the range (ends of the whiskers or special symbols such as * or o), and the upper and lower quartiles or hinges (edges of the box) of the data.



Before providing instruction on how to read a box plot, the components or parts of the plot must be defined. The median is that score which divides the distribution of scores in half, and the hinges split the remaining halves in half again. The lower and upper hinges comprise the edges of the box. Thus, the box outlines the location and range of the center half of the data.

Hspread is comparable to the interquartile range (IQR). It is the absolute value of the difference between the values of the two hinges (75th percentile - 25th percentile) and represents the location of the middle 50% of the distribution.

The **whiskers** of the plot are represented by the two lines outside the box. They extend to the smallest and largest observations within 1.5 Hspreads of the hinges.

There are four additional lines that are computed but left undisplayed in the plot. These “invisible” lines are referred to as “fences.” These lines serve as thresholds for identifying extreme, outlying observations.

The *inner fences* are defined as follows:

$$\begin{aligned} \text{lower inner fence} &= \text{lower hinge} - [1.5(\text{Hspread})] \\ \text{upper inner fence} &= \text{upper hinge} + [1.5(\text{Hspread})] \end{aligned}$$

The *outer fences* are defined as follows:

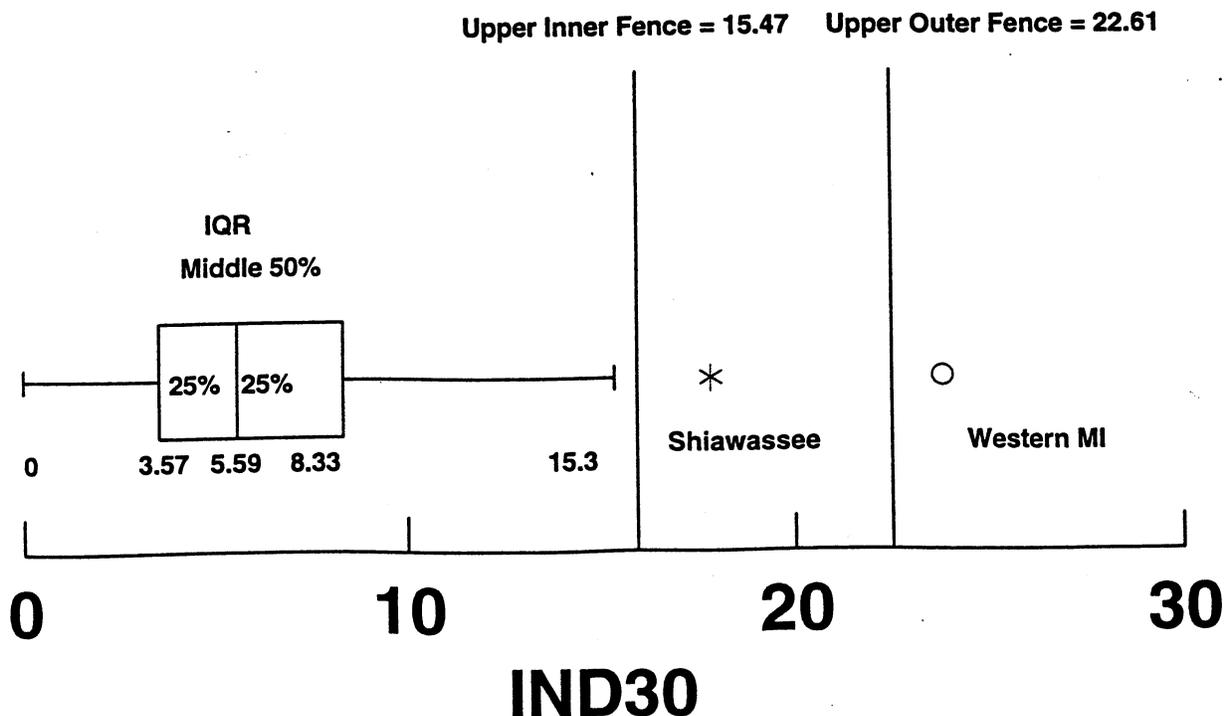
$$\begin{aligned} \text{lower outer fence} &= \text{lower hinge} - [3(\text{Hspread})] \\ \text{upper outer fence} &= \text{upper hinge} + [3(\text{Hspread})] \end{aligned}$$

Data values falling beyond the inner fences but within the outer fences are called **outliers**. Outliers are represented by an asterisk (*) in the box plot.

Data values falling beyond the outer fences are called **extreme outliers** and are represented by a small circle (o) in the box plot.

Reading a Boxplot - An Example

The box plot below displays the March 1997 distribution of performance indicator no. 30 - the percentage of hospital discharges readmitted within 15 days.



Here are some things you can learn about the distribution of CMHSP hospital readmission percentages by examining the box plot:

1. The median “percentage of hospital discharges readmitted within 15 days” was 5.59%. This means that half the CMHSPs had percentages above this value and half had percentages below it.
2. The “percentage of hospital discharges readmitted within 15 days” ranged from a low of 0% to a high of 23.8%.
3. The distribution of scores was concentrated between 3.57% and 8.33%. This range of scores contains the middle 50% of the distribution and is referred to as the interquartile range (IQR). Twenty-five percent of the scores fell between 3.57% and 5.59%; another 25% fell between 5.59% and 8.33%.
4. Because the size of the box between the median and the upper hinge is slightly larger than the size of the box between the median and the lower hinge, and because the right whisker is longer than the left whisker, the distribution of scores can be said to exhibit a positive skew. This means that more cases are concentrated at the lower end of the distribution than at the higher end. The distribution “tails off” toward the higher “percentage readmitted” values.
5. There are two outlying observations in the data set. Shiawassee CMHSP is an outlier (17.8); Western Michigan CMHSP is an extreme outlier (23.8).

**Computation of Inner and Outer Fences
for the Indicator No. 30 Boxplot**

Inner Fences: lower inner fence = $3.57 - [1.5(8.33 - 3.57)] = -3.57$
 upper inner fence = $8.33 + [1.5(8.33 - 3.57)] = 15.47$

Outer Fences: lower outer fence = $3.57 - [3.0(8.33 - 3.57)] = -10.71$
 upper outer fence = $8.33 + [3.0(8.33 - 3.57)] = 22.61$

The Stem-and-Leaf Diagram

A stem-and-leaf diagram, also called a *stemplot*, offers a quick way to picture the shape of a distribution while including the actual numerical values in the graph. Stemplots work best for small numbers of observations that are all greater than zero.

Stemplots are created by dividing numerical observations into two parts - the stem and the leaf. For example, the score of 7.8 and 12.3 would be partitioned in the following manner:

<u>Stem</u>	<u>Leaf</u>
7	8
12	3

When there are a large number of observations in a data set, the format of the stemplot is modified slightly by increasing the number of stems. This is accomplished by *splitting* each stem into two, one with leaves 0 to 4 and the other with leaves 5 through 9. In addition, when the observed values have many digits, it is customary to *truncate* the numbers by dropping all but a few digits before creating the plot.

Below is the stemplot for indicator no. 30:

Stem and Leaf Plot of variable: IND30, N = 49

Minimum: 0.0
Lower hinge: 3.571
Median: 5.590
Upper hinge: 8.333
Maximum: 23.810

0 0000000004

1

2 0

3 H 1558

4 1134777

5 M 45578

6 226

7 0366

8 H 0235

9 0

10 5

11 1

12

13 236

14 29

15 3

*** Outside Values ***

17 8

23 8

2 cases with missing values excluded from plot.

In order to evaluate the information in the stemplot, you should follow this strategy:

1. *Locate the center (median) of the distribution*, either by eye by counting in from either end of the stemplot until half the observations are counted. The computer output on the previous page makes this easy since the value of the median is supplied.
2. *Examine the overall shape of the distribution* by turning the stemplot on its side so that the larger observations fall to the right. Does the distribution have one or several peaks? Is it relatively *symmetric* about the median or is it *skewed* positively or negatively?
3. *Look for marked deviations from the overall shape*. These may be *gaps* or *outliers*, individual observations that fall well outside the overall pattern of the data.

Looking at the stemplot for indicator no. 30, we can see the following:

1. The distribution is skewed positively.
2. There are two outliers, 17.8 and 23.8.
3. There are several gaps in the distribution - between 0 and 2; 11 and 13; 15 and 17.

Finally, please note that additional information supplied with the stemplot is useful for analyzing the boxplot. This information consist of the values for the minimum score, lower hinge, median, upper hinge, and maximum score.

**FY'2003-05 QUALITY MANAGEMENT MEASURES
by Type of Measure and Dimension of Quality**

Type of Measures

Dimension of Quality

I	Compliance Indicator	A.	Access
II	Quality Improvement Indicator	B.	Efficiency
III	Monitoring Measure	C.	Outcome
		D.	Quality & Appropriateness

I. Compliance Indicators

A. ACCESS

1. The percentage of children with SED and the percentage of all other persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours
Standard: 95%
2. The percentage of persons receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service (by 4 sub-populations: MI-adults, MI-children, DD-adults, DD-children)
Standard: 95%
3. Percentage of persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional (by 4 sub-populations: MI-adults, MI-children, DD-adults, DD-children)
Standard: 95% within 14 days
- ★4. The percentage of persons who met the OBRA Level II Assessment criteria for specialized mental health services for persons residing in nursing homes, as determined by the Department, who received CMHSP managed mental health services **Standard: 95% 100%**

B. EFFICIENCY - No compliance indicators currently required

C. OUTCOMES

5. The percentage of children with SED and the percentage of all other persons readmitted to an inpatient psychiatric unit within 30 days of discharge.
Standard: 15% or less

D. QUALITY AND APPROPRIATENESS

6. Required contractual reports are submitted within the contractually-defined time frames. **Standard = 100%**
7. CMHSP maintains a **95%** accuracy rate on selected data elements in demographic and service use files submitted to MDCH

II. Quality Improvement Measures

A. ACCESS

Continuity of Care

8. The percentage of children with SED and the percentage of all other persons discharged from a psychiatric inpatient unit who are seen for follow-up care within 7 days.

B. EFFICIENCY

Utilization of Services (Data collected from Sub-Element Report)

9. Days of psychiatric inpatient care per thousand persons with mental illness served
10. Percentage of expenditures for persons with developmental disabilities used for 24-hour specialized residential care provided in a group home or institutional setting for which the case is paid by the CMHSP
11. Percentage of expenditures for persons with mental illness used for psychiatric inpatient care

C. OUTCOMES

Employment

12. Percentage of persons with developmental disabilities receiving any daytime service who are served in supported employment
13. Percentage of persons with developmental disabilities who earned minimum wage and above
14. Percentage of adults (18-65 years of age) with serious mental illness who are employed and/or are in supported employment (information to be collected from demographic data)
15. Percentage of adults (18-65 years of age) with developmental disabilities who are employed and/or are in supported employment (information to be collected from demographic data)

Living Arrangement

16. Percentage of children served living with their families¹
17. Percentage of adults with developmental disabilities served living in their own residence²

¹ "Family" means natural or adoptive relatives (parents, grandparents, siblings, etc.)

² "Own residence" means lease, rental agreement, or deed/mortgage of home, apartment, or condominium in the adult consumer's name or the name of his/her spouse, friend, guardian, relative or parent. Consumers living with (a) their parents, or (b) in a residence owned or leased by a CMHSP or provider, are **not considered** to be living in their "own residence."

D. QUALITY AND APPROPRIATENESS - No quality improvement indicators currently required

III. Tracking Measures

A. ACCESS

Penetration Rates of Under-Served Populations

18. Ratio of the percentage of persons under 18 in the area population receiving services to the percentage of persons under 18 in the area population.
19. Ratio of percentage of persons 65 years and older in the area population receiving services to the percentage of persons 65 years and older in the area population.
20. Ratio of percentage of ethnic minority persons in the area population receiving services to the percentage of ethnic minority persons in the area population (by 4 sub-populations: Native American, Asian or Pacific Islander, African American, Hispanic).
21. Ratio of percentage of persons 18 or older with serious mental illness in the area population receiving services to the percentage of persons 18 or older with serious mental illness in the area population.
22. Percentage of area Medicaid recipients having received CMHSP managed services.
23. Percentage of total CMHSP service population, not living in a nursing home, with a diagnosis of dementia.
24. Number of children 0-3 years old, receiving home-based services, regardless of who has the open case, where the primary treatment target is the 0-3 child.
25. Number of children under age 18 referred by courts who were assessed by CMHSP, and number who received services (information to be collected from demographic data).

Continuity of Care

- ★ ~~26. The percentage of persons who met the OBRA Level II criteria determined to need nursing home care but less than specialized mental health services, as determined by the Department, who received CMHSP managed mental health services~~

Denial/Appeals

27. Percentage of face-to-face assessments with professionals that result in denials or referrals elsewhere
28. Percentage of Sec.705 second opinions that result in services

B. EFFICIENCY

Cost Per Case (Data collected from Sub-Element Report)

29. Cost per case for adults with mental illness (18-64, 65+)

30. Cost per case for children (under 18) with a mental illness or severe emotional disturbance

31. Cost per case for persons with a developmental disability (0-17, 18-84, 65+)

Other (Data collected from consumer level demographic report)

32. The percentage of Medicaid eligible persons who received (a) inpatient care, (b) day/night care, and (c) ambulatory services

33. The percentage of total expenditures spent on administrative functions (information to be collected from sub-element cost report data)

C. OUTCOMES

Employment

34. Percentage of persons in Supported Employment (SE) working 10+ hours per week

35. Percentage of adults with MI in SE earning minimum wage and above

36. Percentage of adults with MI and adults with DD in SE, continuously employed 6 months or longer

Living Arrangements

37. Percentage of adults with MI served living in their own residence³.

Recipient Rights (data collected semi-annually through Office of Recipient Rights reports)

38. Number of substantiated recipient rights complaints per 1,000 persons served, in the categories of Abuse and Neglect I and II

39. Total number of persons making an allegation of a rights violation per thousand persons served

40. Total number of substantiated allegations for all categories other than abuse and neglect per thousand persons served

Sentinel Events (Data collected semi-annually)

41. Number of sentinel events per thousand persons served (by 3 sub-populations: MI-adults, MI-children, and Persons with DD)

42. Number of suicides per thousand persons served (by 2 sub-populations: MI and DD)

³ "Own residence" means lease, rental agreement, or deed/mortgage of home, apartment, or condominium in the adult consumer's name or the name of his/her spouse, friend, guardian, relative or parent. Consumers living with (a) their parents, or (b) in a residence owned or leased by a CMHSP or provider, are **not considered** to be living in their "own residence."

QUALITY AND APPROPRIATENESS

43. The percentage of adults served (in intensive services such as ACT, specialized residential, continuous in-home supports, day program, inpatient psychiatric hospitalization, partial hospitalization, etc), who identify that they are parents of minor children (information to be collected from the consumer demographic data).
44. The percentage of children 0-3 served by CMHSP who are enrolled in the Early On program (information to be collected from the consumer demographic data).
45. The percentage of children with developmental disabilities, ages 0-17, who received services in addition to respite care (information to be collected from the encounter system data).
46. The percentage of adults with a diagnosis of schizophrenia served who received atypical anti-psychotic medications (information to be collected from the consumer demographic and pharmacy data).
47. The percentage of Medicaid eligible adults served on anti-psychotic medications receiving one of the new atypical anti-psychotic medications (information to be collected from the consumer demographic and pharmacy data).
48. The percentage of children/adolescents (age 7-17) initiating treatment during the quarter who have admission CAFAS scores (information to be collected from the consumer demographic data).
49. The ratio of the number of children/adolescents (age 7-17) with follow-up CAFAS scores at 90 days post-admission, 180 days post-admission, or at exit, to the number of children/adolescents with CAFAS scores at admission (information to be collected from the consumer demographic data).

Indicator 1a. *Access: Timeliness - Inpatient Screening -- Percentage of children with SED receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. The standard is 95 percent within three hours.*

Rationale for Use:

Persons who are experiencing symptoms serious enough to warrant evaluation for inpatient care are potentially at risk of danger to themselves or others. Thus, time is of the essence. This indicator assesses whether CMHSPs are meeting the department’s standard that 95 percent of the inpatient screenings have a final disposition within three hours. This indicator is a standard measure of access to care.

Definitions:

Disposition means the decision was made to refer, or not refer, to inpatient psychiatric care.

Method of Calculation:

Numerator: The number of children with serious emotional disturbance (SED) receiving a pre-admission screening for inpatient care for whom a decision regarding admission was made within three hours.

Denominator: The total number of children with serious emotional disturbance (SED) receiving a pre-admission screening for inpatient care during the time period.

Note: Starting with the reporting period covering October 1, 2002 to December 31, 2002, this indicator has been separated out into two indicators. Indicator number 1a covers SED children and Indicator 1b covers all other persons.

Descriptive Statistics:

	DEC_03	MAR_04	JUN_04	SEPT_04	Annual Average
N of cases	46	46	46	44	46
Minimum	50.000	83.720	91.490	81.480	80.00
Maximum	100.000	100.000	100.000	100.000	100.00
Median	100.000	100.000	100.000	100.000	100.00
Mean	97.404	98.397	99.046	98.889	98.22

Minimum: The lowest score in the distribution of scores

Maximum: The highest score in the distribution of scores

Median: A measure of the center of the distribution of indicator scores, the median is the score that divides the distribution in half. Exactly 50% of the scores will fall below the median value; 50% will fall above that value.

Mean: A measure of the center of the distribution of indicator scores; the **average** score in the distribution.

Indicator 1a. – Continued...

Annual Percentage Calculation:

The annual percentage for this indicator is derived from the weighted quarterly percentage, which is the quarterly percentage times the quarterly total number of consumers for this indicator.

Numerator: Sum of the weighted quarterly percentages.

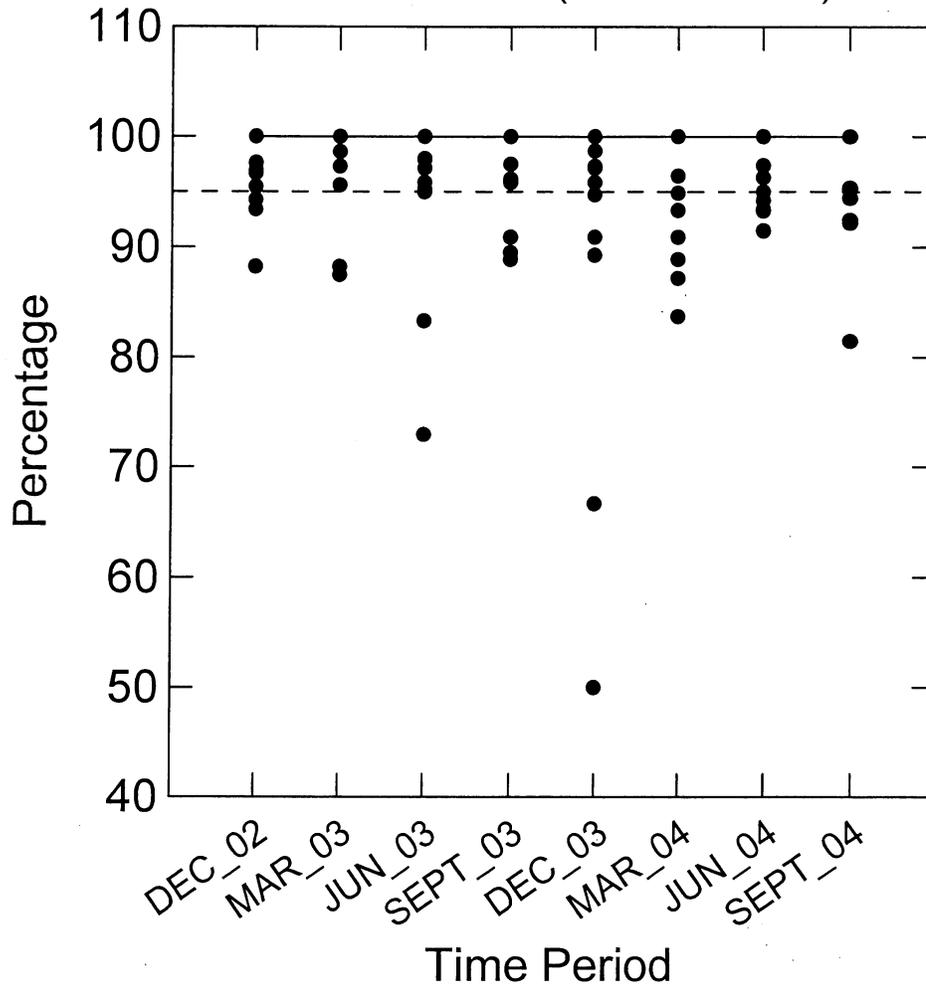
Denominator: Sum of the total number of consumers for this indicator across quarters.

Comments:

Historical trends: This indicator has been in place since FY '03. The lowess smooth line of the longitudinal scatter plot shows a flat trend at 100 percent, clearly above the 95 standard for this indicator. The scatterplot also shows that there is very little variation or spread among the CMHSPs.

2004 CMHSP Performance: As shown in the ordered dot plot for FY '04, 5 of the 46 CMHSPs did not meet the 95 percent standard. The CMHSPs failing to meet the standard are: Lifeways, 92.74%; Sanilac, 91.67%; Detroit/Wayne, 91.30%; Kent, 89.04%; and Huron, 80.00%. The median annual percentage for this indicator is 100 percent and the average (mean) annual percentage is lower at 98.22 percent due to several CMHSP at the lower end of the percentages. Based on the box plot for FY2004, eight CMHSPs were outliers toward the low end on this indicator (Bay-Arenac, Oakland, and Central,) and five CMHSPs were extreme outliers (Lifeways, Sanilac, Detroit/Wayne, Kent and Huron).

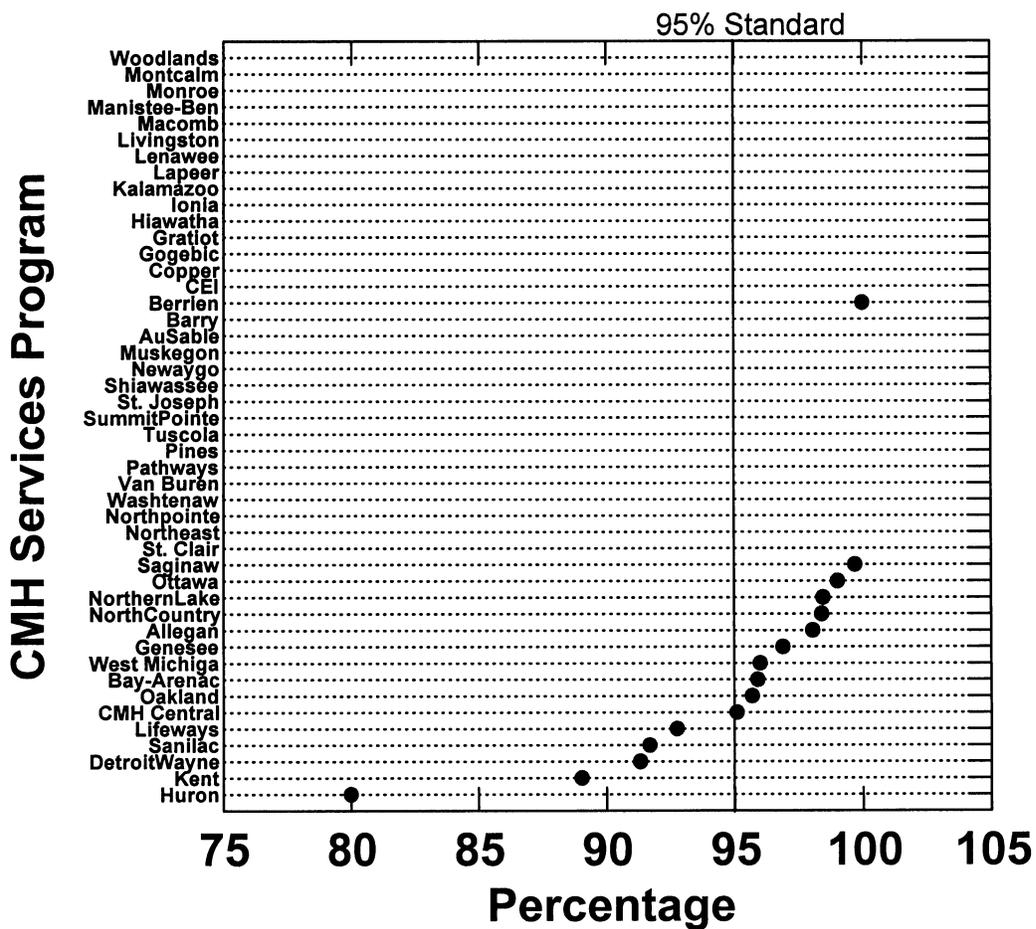
Indicator No. 1a - Timeliness of Inpatient Screening
(SED Children)



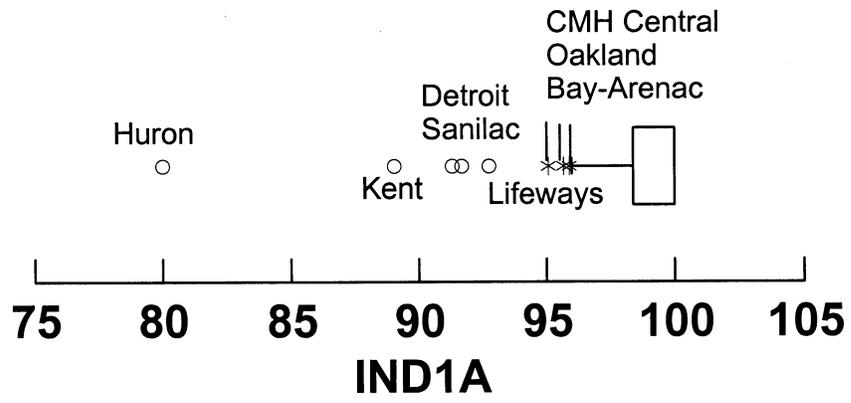
Indicator 1a: Percentage of Children with SED Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition was Completed within Three Hours

	October - December 2003			January - March 2004			April - June 2004			July - September 2004			Fiscal Year Percentage
	Percentage Q1	Number of Referrals for SED Children Q1	Number Completed in Three Hours for SED Children Q1	Percentage Q2	Number of Referrals for SED Children Q2	Number Completed in Three Hours for SED Children Q2	Percentage Q3	Number of Referrals for SED Children Q3	Number Completed in Three Hours for SED Children Q3	Percentage Q4	Number of Referrals for SED Children Q4	Number Completed in Three Hours for SED Children Q4	
Allagan	100.00%	16	16	90.91%	11	10	100.00%	10	10	100.00%	14	14	98.04
AuSable	100.00%	3	3	100.00%	9	9	100.00%	8	8	100.00%	5	5	100.00
Barry	100.00%	6	6	100.00%	2	2	100.00%	5	5	100.00%	7	7	100.00
Bay-Arenac	94.74%	38	36	93.33%	30	28	97.37%	38	37	100.00%	16	16	95.90
Berrien	100.00%	15	15	100.00%	27	27	100.00%	36	36	100.00%	26	26	100.00
CEI	100.00%	19	19	100.00%	27	27	100.00%	27	27	100.00%	10	10	100.00
CMH Central MI	100.00%	7	7	88.89%	9	8	96.30%	27	26	94.44%	18	17	95.08
Copper	100.00%	9	9	100.00%	18	18	100.00%	9	9	100.00%	7	7	100.00
Detroit-Wayne	89.28%	401	358	90.91%	363	330	93.29%	343	320	92.20%	295	272	91.30
Genesee	100.00%	54	54	96.43%	56	54	95.00%	40	38	95.35%	43	41	96.89
Gogebic	100.00%	3	3	100.00%	4	4	100.00%	3	3	100.00%	1	1	100.00
Gratiot	100.00%	4	4	100.00%	1	1	100.00%	2	2	100.00%	4	4	100.00
Hiawatha	100.00%	46	46	100.00%	67	67	100.00%	51	51	100.00%	37	37	100.00
Huron	86.67%	3	2	100.00%	1	1	100.00%	1	1	100.00%	0	0	80.00
Ionia	100.00%	5	5	100.00%	3	3	100.00%	11	11	100.00%	2	2	100.00
Kalamazoo	100.00%	18	18	100.00%	62	62	100.00%	68	68	100.00%	50	50	100.00
Kent	100.00%	29	29	83.72%	43	36	91.49%	47	43	81.48%	27	22	89.04
Lapeer	100.00%	8	8	100.00%	3	3	100.00%	4	4	100.00%	6	6	100.00
Lenawee	100.00%	14	14	100.00%	14	14	100.00%	8	8	100.00%	4	4	100.00
Lifeways	97.14%	35	34	87.18%	39	34	94.23%	52	49	92.45%	53	49	92.74
Livingston	100.00%	1	1	100.00%	2	2	100.00%	1	1	100.00%	1	1	100.00
Macomb	100.00%	72	72	100.00%	78	78	100.00%	76	76	100.00%	27	27	100.00
Manistee-Benzie	100.00%	3	3	100.00%	6	6	100.00%	6	6	100.00%	3	3	100.00
Monroe	100.00%	12	12	100.00%	14	14	100.00%	10	10	100.00%	7	7	100.00
Montcalm	100.00%	10	10	100.00%	1	1	100.00%	2	2	100.00%	3	3	100.00
Muskegon	100.00%	13	13	100.00%	9	9	100.00%	28	28	100.00%	27	27	100.00
Newaygo	100.00%	3	3	100.00%	8	8	100.00%	7	7	100.00%	8	8	100.00
North Country	95.83%	24	23	100.00%	12	12	100.00%	10	10	100.00%	16	16	98.39
Northeast	100.00%	1	1	100.00%	6	6	100.00%	4	4	100.00%	4	4	100.00
NorthernLakes	100.00%	18	18	100.00%	14	14	95.00%	20	19	100.00%	12	12	98.44
Northpoite	100.00%	10	10	100.00%	11	11	100.00%	15	15	100.00%	16	16	100.00
Oakland	100.00%	98	98	94.89%	137	130	93.44%	122	114	95.18%	83	79	95.68
Ottawa	97.30%	37	36	100.00%	32	32	100.00%	18	18	100.00%	14	14	99.01
Pathways	100.00%	10	10	100.00%	15	15	100.00%	24	24	100.00%	9	9	100.00
Pines	100.00%	10	10	100.00%	12	12	100.00%	13	13	100.00%	5	5	100.00
Saginaw	98.70%	77	76	100.00%	90	90	100.00%	93	93	100.00%	61	61	99.69
Sanilac	50.00%	2	1	100.00%	5	5	100.00%	2	2	100.00%	3	3	91.67
Shiawassee	100.00%	8	8	100.00%	14	14	100.00%	14	14	100.00%	18	18	100.00
St. Clair	100.00%	19	19	100.00%	20	20	100.00%	6	6	100.00%	1	1	100.00
St. Joseph	100.00%	5	5	100.00%	4	4	100.00%	2	2	100.00%	0	0	100.00
Summit Pointe	100.00%	13	13	100.00%	1	1	100.00%	10	10	100.00%	12	12	100.00
Tuscola	100.00%	7	7	100.00%	3	3	100.00%	5	5	100.00%	5	5	100.00
Van Buren	100.00%	9	9	100.00%	16	16	100.00%	11	11	100.00%	6	6	100.00
Washtenaw	100.00%	6	6	100.00%	11	11	100.00%	6	6	100.00%	7	7	100.00
West Michigan	90.91%	11	10	100.00%	5	5	100.00%	4	4	100.00%	5	5	96.00
Woodlands	100.00%	8	8	100.00%	8	8	100.00%	12	12	100.00%	3	3	100.00
	95.74%	1,220	1,168	95.62%	1,323	1,265	96.72%	1,311	1,288	96.02%	981	942	

Percentage of Children with SED Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition was Completed within Three Hours



Indicator No. 1a



Indicator 1b. Access: Timeliness - Inpatient Screening -- Percentage of all other persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. The standard is 95 percent within three hours.

Rationale for Use:

Persons who are experiencing symptoms serious enough to warrant evaluation for inpatient care are potentially at risk of danger to themselves or others. Thus, time is of the essence. This indicator assesses whether CMHSPs are meeting the department's standard that 95 percent of the inpatient screenings have a final disposition within three hours. This indicator is a standard measure of access to care.

Definitions:

Disposition means the decision was made to refer, or not refer, to inpatient psychiatric care.

Method of Calculation:

Numerator: The number of persons receiving a pre-admission screening for inpatient care for whom a decision regarding admission was made within three hours.

Denominator: The total number of persons receiving a pre-admission screening for inpatient care during the time period.

Note: Starting with the reporting period covering October 1, 2002 to December 31, 2002, this indicator has been separated out into two separate indicators. Indicator number 1a covers SED children and Indicator 1b covers all other persons.

Descriptive Statistics:

	DEC_03	MAR_04	JUN_04	SEPT_04	Annual Average
N of cases	46	46	46	46	46
Minimum	79.510	69.510	39.200	69.720	67.01
Maximum	100.000	100.000	100.000	100.000	100.00
Median	99.055	98.990	98.675	98.965	99.75
Mean	98.091	97.089	95.496	97.511	98.18

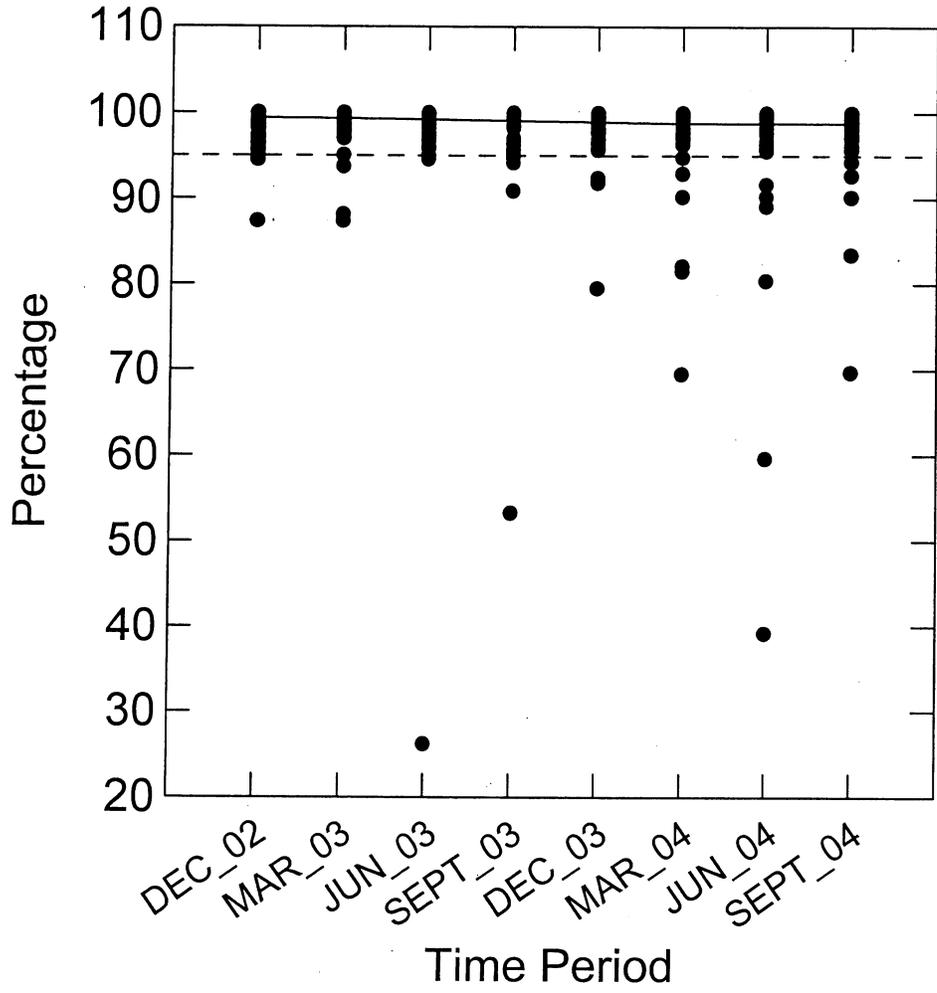
Comments:

Historical trends: This indicator has been in place since FY '03. The lowest smooth line of the longitudinal scatter plot shows a flat trend at 100 percent, clearly above the 95 standard for this indicator. The scatterplot also shows that there is very little variation or spread among the CMHSPs.

Indicator 1b. – Continued...

2004 CMHSP Performance: As shown in the ordered dot plot for FY '04, 3 of the 46 CMHSPs did not meet the 95 percent standard. The CMHSPs failing to meet the standard are: Oakland, 92.47%; Kent, 91.16%; and Detroit/Wayne, 67.01%. The median annual percentage for this indicator is 99.75 percent and the average (mean) annual percentage is 98.18 percent. Based on the box plot for FY2004, two CMHSPs were outliers toward the low end on this indicator (Genesee and Huron) and three CMHSPs were extreme outliers (Oakland, Kent and Detroit/Wayne). It should be noted that Detroit/Wayne did not meet the standard for any of the four quarters.

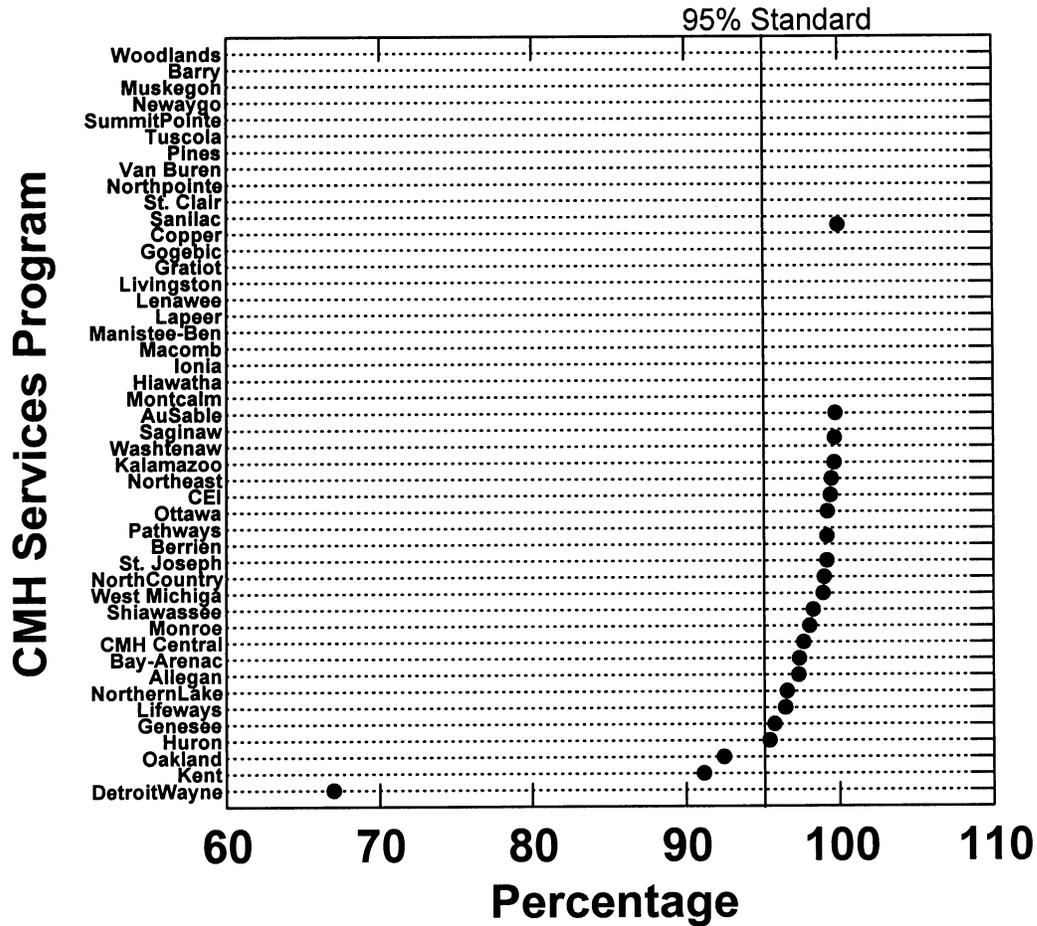
Indicator No. 1b - Timeliness of Inpatient Screening
(All Other Persons)



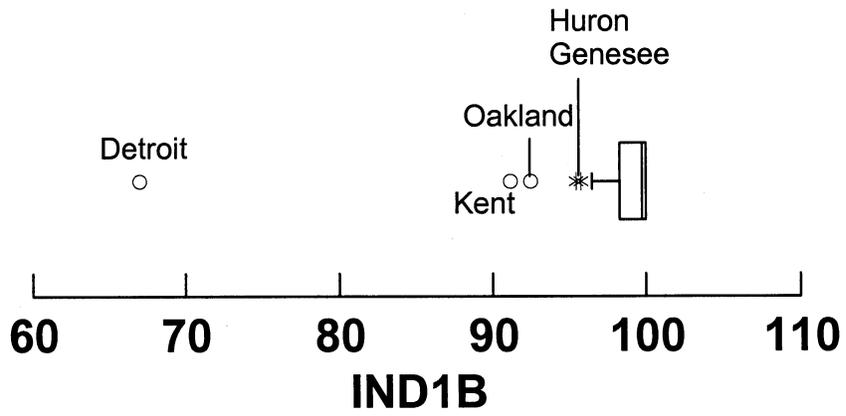
Indicator 1b: Percentage of All Other Persons Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition was Completed within Three Hours

	October - December 2003			January - March 2004			April - June 2004			July - September 2004			Fiscal Year Percentage
	Percentage Q1	Number of Referrals for All Other Persons Q1	Number Completed in Three Hours for All Other Persons Q1	Percentage Q2	Number of Referrals for All Other Persons Q2	Number Completed in Three Hours for All Other Persons Q2	Percentage Q3	Number of Referrals for All Other Persons Q3	Number Completed in Three Hours for All Other Persons Q3	Percentage Q4	Number of Referrals for All Other Persons Q4	Number Completed in Three Hours for All Other Persons Q4	
Allagan	98.11%	53	52	93.06%	72	67	100.00%	70	70	98.53%	68	67	97.34
AuSable	98.68%	76	75	100.00%	114	114	100.00%	108	108	100.00%	151	151	99.78
Barry	100.00%	6	6	100.00%	18	18	100.00%	19	19	100.00%	16	16	100.00
Bay-Arenac	96.49%	114	110	96.30%	108	104	98.94%	94	93	98.10%	105	103	97.39
Berrien	100.00%	168	168	100.00%	183	183	99.03%	207	205	98.15%	216	212	99.22
CEI	100.00%	239	239	98.77%	244	241	99.68%	317	316	99.33%	297	295	99.45
CMH Central MI	97.39%	115	112	97.14%	105	102	98.81%	84	83	97.60%	125	122	97.67
Copper	100.00%	41	41	100.00%	24	24	100.00%	30	30	100.00%	25	25	100.00
Detroit-Wayne	59.14%	1,642	971	61.57%	1,616	995	67.56%	1,600	1,081	82.08%	1,384	1,136	67.01
Genesee	98.16%	587	586	96.54%	752	726	92.49%	746	690	96.31%	813	783	95.77
Gogebic	100.00%	7	7	100.00%	6	6	100.00%	12	12	100.00%	14	14	100.00
Graiot	100.00%	14	14	100.00%	16	16	100.00%	6	6	100.00%	11	11	100.00
Hiawatha	100.00%	163	163	100.00%	163	163	100.00%	150	150	100.00%	212	212	100.00
Huron	83.33%	12	10	100.00%	7	7	100.00%	11	11	100.00%	14	14	95.45
Ionia	100.00%	26	26	100.00%	28	28	100.00%	36	36	100.00%	33	33	100.00
Kalamazoo	96.15%	26	25	99.54%	219	218	100.00%	199	199	100.00%	232	232	99.70
Kent	98.58%	141	139	82.73%	139	115	91.12%	169	154	92.09%	139	128	91.16
Lapeer	100.00%	48	48	100.00%	65	65	100.00%	28	28	100.00%	27	27	100.00
Lenawee	100.00%	39	39	100.00%	39	39	100.00%	38	38	100.00%	28	28	100.00
Lifeways	97.51%	241	235	96.65%	239	231	98.15%	271	266	93.44%	244	228	96.48
Livingston	100.00%	16	16	100.00%	22	22	100.00%	22	22	100.00%	16	16	100.00
Macomb	100.00%	214	214	100.00%	214	214	100.00%	217	217	100.00%	118	118	100.00
Manistee-Benzie	100.00%	7	7	100.00%	14	14	100.00%	11	11	100.00%	8	8	100.00
Monroe	97.12%	104	101	100.00%	71	71	98.06%	103	101	97.62%	84	82	98.07
Montcalm	100.00%	24	24	100.00%	23	23	100.00%	17	17	100.00%	9	9	100.00
Muskegon	100.00%	81	81	100.00%	82	82	100.00%	94	94	100.00%	77	77	100.00
Newaygo	100.00%	24	24	100.00%	52	52	100.00%	62	62	100.00%	70	70	100.00
North Country	99.36%	157	156	99.40%	167	166	99.06%	106	105	97.73%	88	86	99.03
Northeast	100.00%	52	52	100.00%	49	49	97.87%	47	46	100.00%	56	56	99.51
NorthernLakes	97.69%	130	127	100.00%	97	97	92.23%	103	95	96.30%	81	78	96.59
Northpointe	100.00%	29	29	100.00%	52	52	100.00%	58	58	100.00%	46	46	100.00
Oakland	98.31%	236	232	95.14%	288	274	86.11%	252	217	90.59%	287	260	92.47
Ottawa	98.48%	197	194	99.13%	115	114	100.00%	122	122	100.00%	102	102	99.25
Pathways	96.59%	88	85	100.00%	88	87	100.00%	127	127	100.00%	112	112	99.22
Pines	100.00%	54	54	100.00%	87	87	100.00%	49	49	100.00%	26	26	100.00
Saginaw	100.00%	401	401	99.17%	484	480	100.00%	428	428	99.79%	471	470	99.72
Sarniac	100.00%	18	18	100.00%	5	5	100.00%	16	16	100.00%	6	6	100.00
Shiawassee	100.00%	33	33	97.83%	92	90	100.00%	66	66	97.12%	104	101	98.31
St. Clair	100.00%	49	49	100.00%	54	54	100.00%	54	54	100.00%	47	47	100.00
St. Joseph	100.00%	15	15	96.00%	25	24	100.00%	40	40	100.00%	46	46	99.21
Summit Pointe	100.00%	64	64	100.00%	30	30	100.00%	52	52	100.00%	76	76	100.00
Tuscola	100.00%	20	20	100.00%	14	14	100.00%	11	11	100.00%	11	11	100.00
Van Buren	100.00%	54	54	100.00%	50	50	100.00%	52	52	100.00%	47	47	100.00
Washtenaw	100.00%	83	83	100.00%	82	82	98.97%	97	94	100.00%	96	96	99.72
West Michigan	97.26%	73	71	100.00%	59	59	98.65%	74	73	100.00%	79	79	98.95
Woodlands	100.00%	16	16	100.00%	23	23	100.00%	16	16	100.00%	33	33	100.00
	88.00%	6,007	5,286	88.90%	6,466	5,748	90.00%	6,491	5,842	94.41%	6,350	5,995	

Percentage of All Other Persons Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition was Completed within Three Hours



Indicator No. 1b



Indicator 2. Access: Timeliness -- Percentage of persons who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service. The standard is 95 percent within 14 days.

Rationale for Use:

The length of time required to gain entry into the mental health system is an important indicator of the accessibility of services. Delays in clinical and psychosocial assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Method of Calculation:

Numerator: The number of persons who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service.

Denominator: The total number of persons who received a non-emergent face-to-face assessment with a professional during the reporting period.

Notes:

A request for service occurs when a person, or someone on the person’s behalf, asks that community mental health services be provided. If more than one request is made, time calculations should be based on the first. A face-to-face meeting means an assessment conducted by a mental health professional. Excluded from the definition of assessment are telephone screenings used to triage or prioritize consumers based on self-reported symptoms and problems. Also, consumers who request an appointment outside the 14 calendar day period, may be excluded from the indicator. Non-emergent assessment and services **exclude** pre-admission screening for and receipt of psychiatric in-patient care.

Descriptive Statistics:

	DEC_03	MARCH_04	JUNE_04	SEPT_04	Annual Average
N of cases	46	46	46	46	46
Minimum	79.510	69.510	39.200	69.720	72.84
Maximum	100.000	100.000	100.000	100.000	100.00
Median	99.055	98.990	98.675	98.965	98.85
Mean	98.091	97.089	95.496	97.511	96.85

Comments:

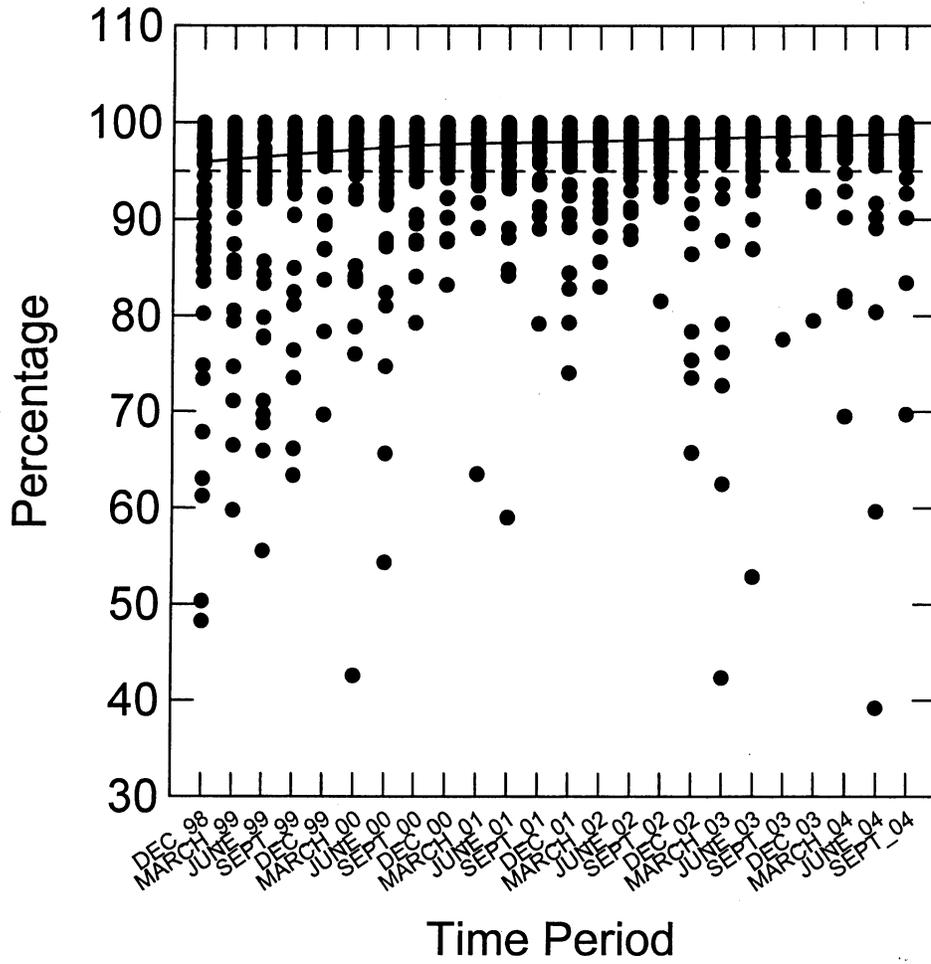
Historical trends: This indicator has been in place since FY '99. The lowest smooth line of the longitudinal scatter plot shows a weak trend increasing from the 95 standard toward 100 percent. The scatterplot also shows that there was initially some slight variation or spread among the CMHSPs that has decreased across time.

Indicator 2. – Continued...

2004 CMHSP Performance: As shown in the ordered dot plot for FY '04, 6 of the 46 CMHSPs did not meet the 95 percent standard. The CMHSPs failing to meet the standard are: Detroit/Wayne (93.88%), North Country (93.00%), Genesee (89.75%), Tuscola (86.29%), Berrien (73.22%) and Allegan (72.84%). The median annual percentage for this indicator is 98.85 percent and the average (mean) annual percentage is slightly lower at 96.85 percent due to a few CMHSP at the lower end of the percentages. Based on the box plot for FY2004, two CMHSPs were outliers toward the low end on this indicator (North Country, and Detroit/Wayne) and four CMHSPs were extreme outliers (Genesee, Tuscola, Berrien and Allegan).

It should be noted that Allegan did not meet the 95 percent standard during any of the four quarters of FY '04.

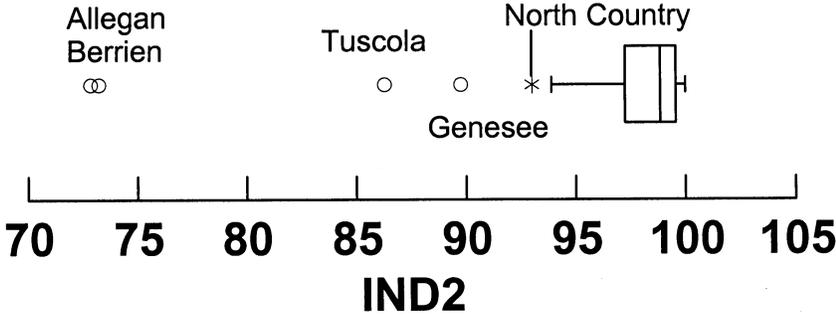
Indicator No. 2 - Meeting with a Professional



Indicator 2: Percentage of Persons Who Received a Face-to-Face Meeting with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service

	October - December 2003			January - March 2004			April - June 2004			July - September 2004			Fiscal Year Percentage
	Percentage Q1	Total Persons Received Assessment Following 1st Request Q1	Total Persons Received Assessment within 14 Calendar Days Q1	Percentage Q2	Total Persons Received Assessment Following 1st Request Q2	Total Persons Received Assessment within 14 Calendar Days Q2	Percentage Q3	Total Persons Received Assessment Following 1st Request Q3	Total Persons Received Assessment within 14 Calendar Days Q3	Percentage Q4	Total Persons Received Assessment Following 1st Request Q4	Total Persons Received Assessment within 14 Calendar Days Q4	
Allegan	79.51%	122	97	81.51%	119	97	59.65%	114	68	69.72%	109	76	72.84
AuSable	98.79%	248	245	98.89%	271	268	95.67%	231	221	98.90%	273	270	98.14
Barry	98.90%	182	180	97.98%	165	161	100.00%	152	152	98.68%	151	149	98.77
Bay-Arenac	97.66%	299	292	99.41%	337	335	99.02%	307	304	96.62%	264	263	98.92
Berrien	98.59%	213	210	100.00%	106	106	39.20%	324	127	83.46%	272	227	73.22
CEI	99.60%	250	249	99.66%	298	297	99.23%	260	258	99.24%	264	262	99.44
CMH Central MI	97.76%	671	656	98.90%	727	719	96.36%	660	636	95.66%	645	617	97.23
Cooper	95.83%	48	46	98.28%	58	57	98.18%	55	54	100.00%	45	45	98.06
Detroit-Wayne	95.68%	1,712	1,638	94.80%	1,616	1,532	90.25%	1,395	1,259	94.31%	1,143	1,078	93.88
Genesee	95.71%	140	134	92.93%	99	92	80.42%	189	152	92.72%	206	191	89.75
Gogebic	96.08%	52	51	100.00%	53	53	100.00%	58	58	96.92%	65	63	98.68
Gratiot	100.00%	79	79	100.00%	68	68	100.00%	82	82	100.00%	88	88	100.00
Hiawatha	100.00%	115	115	99.43%	175	174	100.00%	126	126	99.47%	187	186	99.67
Huron	98.67%	75	74	98.88%	89	88	97.53%	81	79	98.61%	72	71	98.42
Ionia	100.00%	149	149	100.00%	160	160	99.24%	131	130	98.54%	137	135	99.48
Kalamazoo	99.32%	148	147	100.00%	152	152	99.38%	161	160	100.00%	146	146	99.67
Kent	99.91%	1,163	1,162	99.72%	1,445	1,441	99.80%	1,475	1,472	99.87%	1,507	1,505	99.82
Lapeer	100.00%	95	95	100.00%	70	70	100.00%	83	83	100.00%	77	77	100.00
Lenawee	99.21%	126	125	99.19%	124	123	99.20%	125	124	96.79%	165	163	99.07
Lifeways	96.89%	514	498	96.92%	649	629	96.69%	393	380	96.07%	259	254	97.02
Livingston	100.00%	105	105	100.00%	130	130	98.31%	118	116	100.00%	94	94	99.55
Macomb	97.87%	423	414	96.30%	430	416	96.15%	468	450	98.95%	474	469	97.33
Manistee-Benzie	100.00%	90	90	100.00%	107	107	100.00%	111	111	100.00%	71	71	100.00
Monroe	100.00%	103	103	98.17%	109	107	99.25%	133	132	100.00%	91	91	99.31
Montcalm	100.00%	208	208	100.00%	115	115	98.88%	178	176	100.00%	156	156	99.70
Muskegon	98.73%	236	233	90.23%	256	231	91.67%	240	220	99.16%	238	236	94.85
Newaygo	95.80%	119	114	97.24%	145	141	95.56%	135	129	97.16%	141	137	96.48
North Country	91.86%	381	350	82.12%	425	349	97.91%	431	422	100.00%	421	421	93.00
Northeast	99.22%	129	128	100.00%	143	143	98.67%	150	148	100.00%	114	114	99.44
NorthernLakes	99.62%	528	526	97.09%	446	433	96.72%	518	501	97.46%	472	460	97.76
Northpointe	99.26%	135	134	100.00%	137	137	100.00%	120	120	100.00%	156	156	99.82
Oakland	100.00%	692	692	99.08%	764	757	99.54%	646	643	99.97%	776	768	99.37
Ottawa	99.50%	200	199	99.56%	225	224	100.00%	208	208	99.50%	202	201	99.64
Pathways	98.71%	311	307	97.54%	325	317	97.45%	275	268	96.15%	208	200	97.59
Pines	98.27%	231	227	97.83%	230	225	97.93%	193	189	98.97%	194	192	96.23
Saginaw	98.02%	101	99	97.25%	109	106	96.35%	137	132	98.05%	154	151	97.41
Sanilac	100.00%	51	51	100.00%	57	57	98.31%	59	58	98.44%	64	63	99.13
Shiawassee	100.00%	115	115	98.37%	123	121	98.06%	103	101	90.20%	153	138	96.15
St. Clair	97.69%	173	169	99.46%	184	183	99.48%	191	190	99.38%	160	159	99.01
St. Joseph	98.70%	77	76	97.03%	101	98	98.68%	76	75	96.15%	78	75	97.59
Summit Pointe	96.42%	279	269	96.56%	349	337	95.97%	248	238	97.12%	313	304	96.55
Tuscola	92.42%	66	61	69.51%	82	57	69.13%	92	82	98.31%	59	58	86.29
Van Buren	100.00%	205	205	100.00%	160	160	100.00%	149	149	100.00%	142	142	100.00
Washtenaw	100.00%	167	167	99.08%	109	108	100.00%	85	85	98.96%	96	95	99.56
West Michigan	100.00%	171	171	98.34%	181	178	98.97%	194	192	100.00%	190	190	99.32
Woodlands	100.00%	124	124	99.25%	133	132	100.00%	121	121	100.00%	130	130	99.80
	97.95%	11,821	11,579	97.03%	12,358	11,991	94.91%	11,781	11,181	97.50%	11,422	11,137	

Indicator No. 2



IND2	
N of cases	46
Minimum	72.840
Maximum	100.000
Sum	4454.960
Median	98.845
Mean	96.847
Standard Dev	5.798

Stem and Leaf Plot of variable:

IND2, N = 46

Minimum: 72.840
 Lower hinge: 97.230
 Median: 98.845
 Upper hinge: 99.560
 Maximum: 100.000

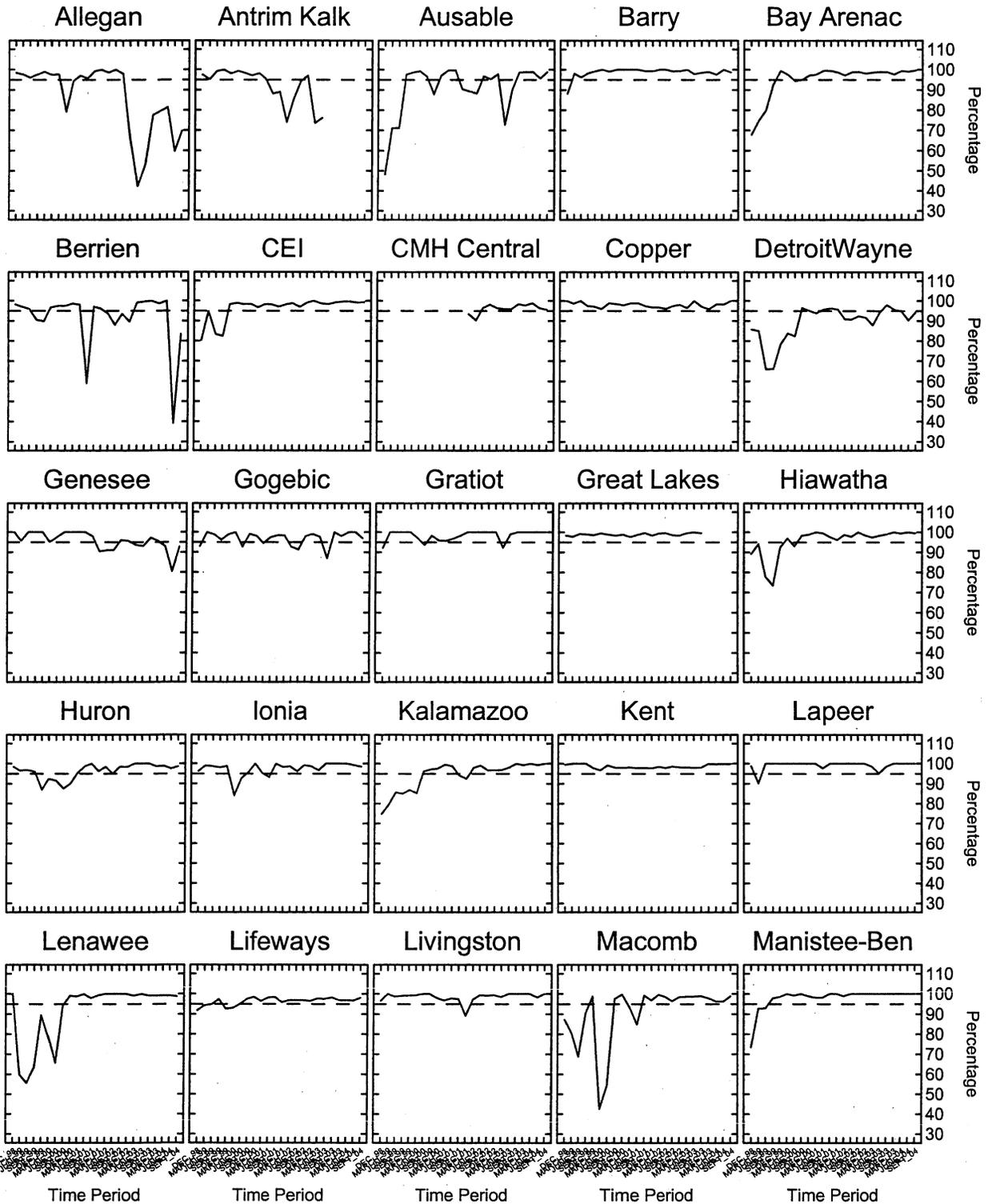
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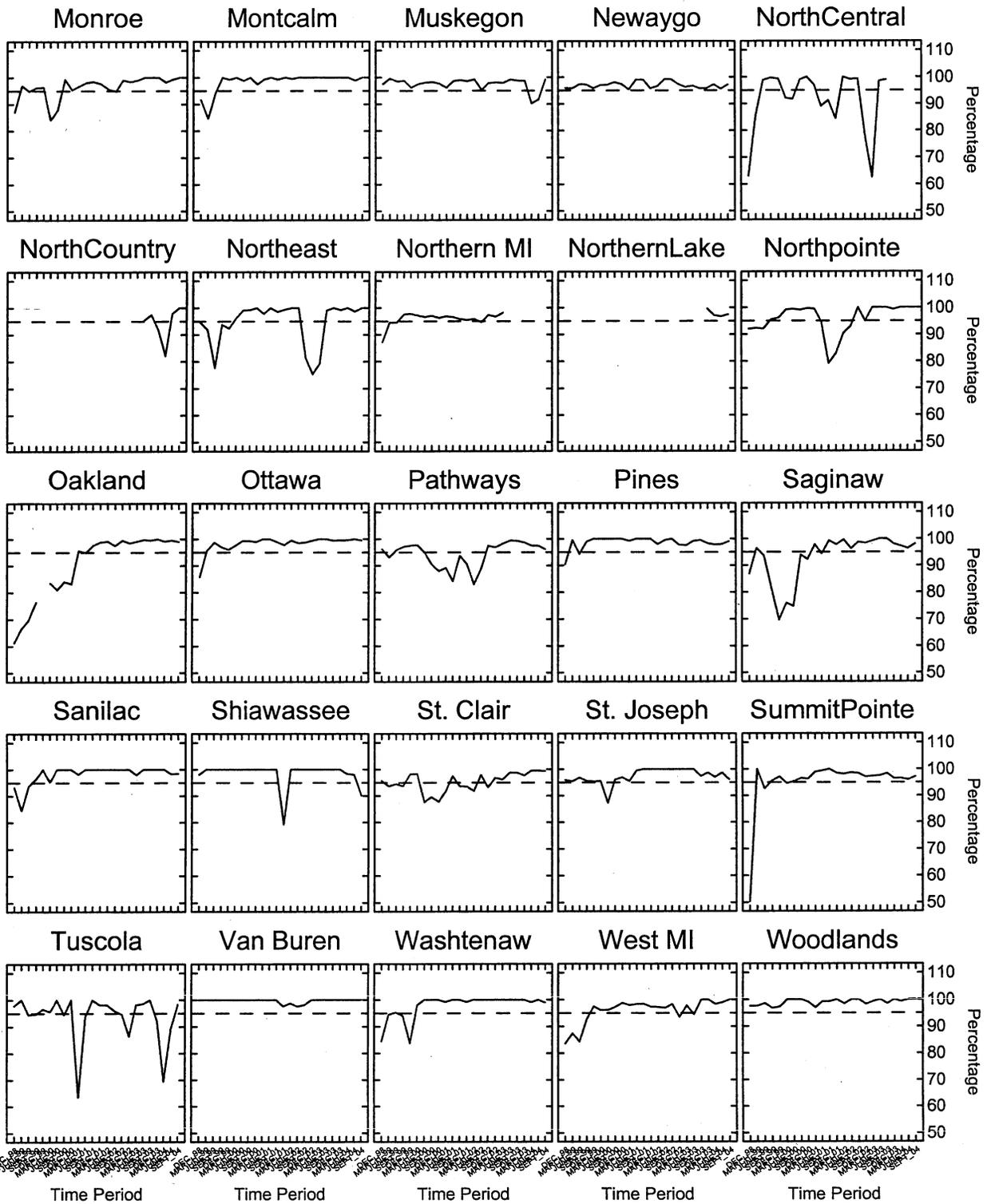
Indicator No. 2 - Meeting with a Professional

CMHSP



Indicator No. 2 - Page Two

CMHSP



Indicator 2a. Access: Timeliness -- Percentage of children with emotional disturbance who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service. The standard is 95 percent within 14 days.

Rationale for Use:

Quick, convenient entry into the mental health system is a critical aspect of accessibility of services. Delays in clinical and psychosocial assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Method of Calculation:

Numerator: The number of children who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service.

Denominator: The total number of children who received a non-emergent face-to-face assessment with a professional during the reporting period.

A request for service occurs when a person, or someone on the person’s behalf, asks that community mental health services be provided. If more than one request is made, time calculations should be based on the first. A face-to-face meeting means an assessment conducted by a mental health professional. Excluded from the definition of assessment are telephone screenings used to triage or prioritize consumers based on self-reported symptoms and problems. Also, consumers who request an appointment outside the 14 calendar day period, may be excluded from the indicator. Non-emergent assessment and services **exclude** pre-admission screening for and receipt of psychiatric in-patient care.

Descriptive Statistics:

	DEC_03	MARCH_04	JUNE_04	SEPT_04	Annual Average
N of cases	46	46	46	46	46
Minimum	88.890	55.360	37.780	80.650	72.62
Maximum	101.330	100.000	100.000	100.000	100.00
Median	100.000	100.000	98.690	100.000	98.72
Mean	98.270	96.578	94.452	97.909	96.65

Comments:

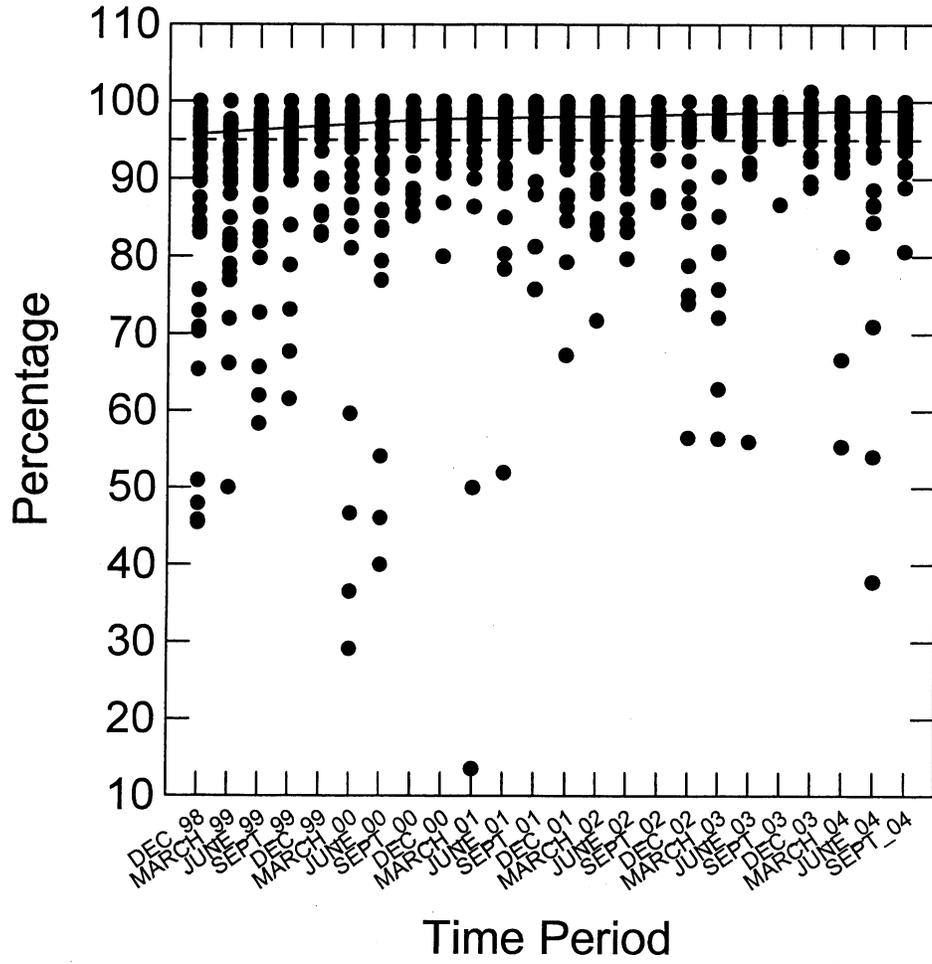
Historical trends: This indicator has been in place since FY '99. The lowess smooth line of the longitudinal scatter plot shows a weak trend increasing from the 95 standard toward 100 percent. The scatterplot also shows that there was initially some slight variation or spread among the CMHSPs that has decreased across time.

Indicator 2a. – Continued...

2004 CMHSP Performance: As shown in the ordered dot plot for FY '04, 9 of the 46 CMHSPs did not meet the 95 percent standard. The CMHSPs failing to meet the standard are: Macomb (94.69%), Saginaw (93.94%), Detroit/Wayne (92.01%), Genesee (91.67%), North Country (91.31%), Allegan (86.34%), Tuscola (82.57%), Muskegon (79.56%), and Berrien (72.62%).

The median annual percentage for this indicator is 98.72 percent and the average (mean) annual percentage is lower at 96.65 percent due to several CMHSP at the lower end of the percentages. Based on the box plot for FY2004, three CMHSPs were outliers toward the low end on this indicator (Detroit/Wayne, Genesee, North Country) and four CMHSPs were extreme outliers (Allegan, Tuscola, Muskegon, and Berrien). It should be noted that Allegan, Tuscola, Muskegon and Berrien each met the 95 percent standard at least once during FY'04

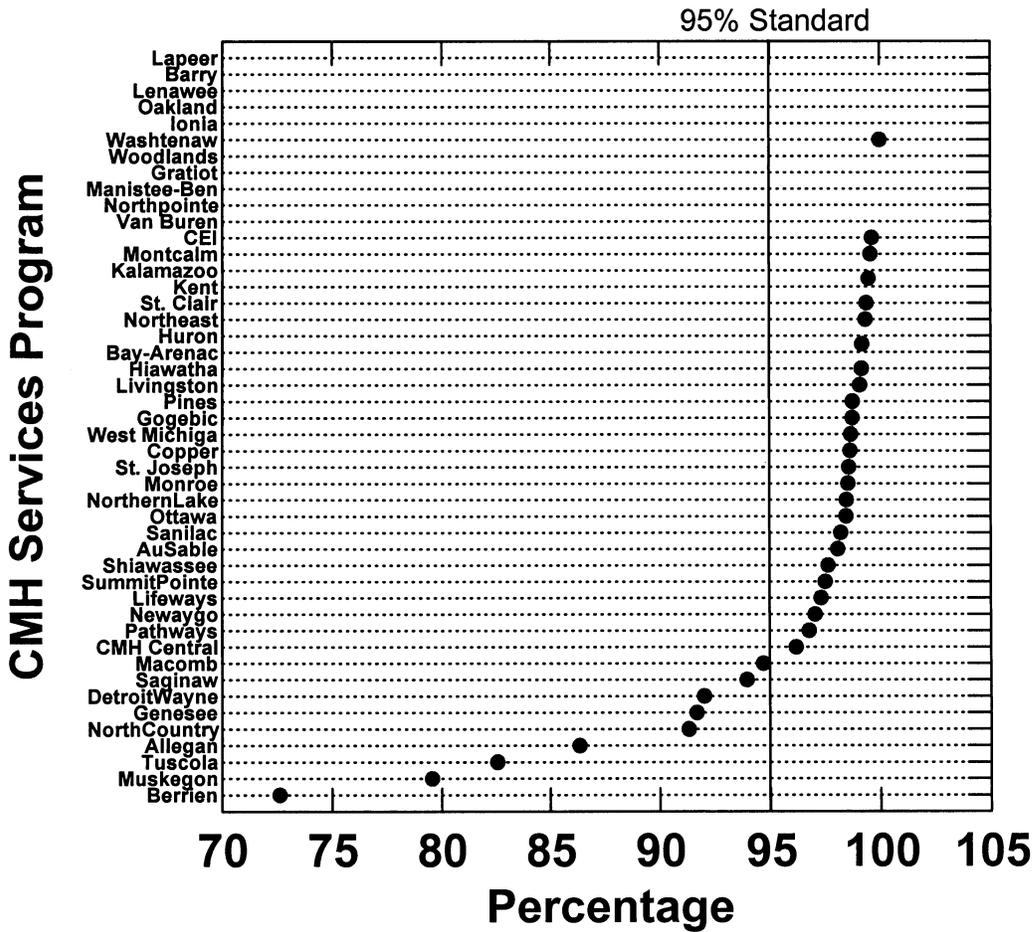
Indicator No. 2a - Meeting with a Professional
(Children with Emotional Disturbances)



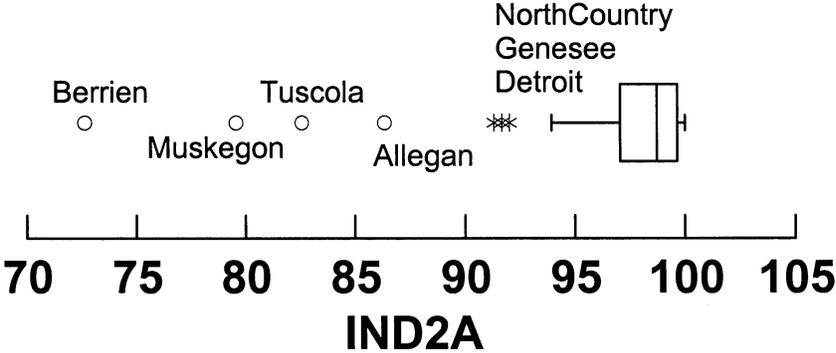
Indicator 2a: Percentage of Children with Emotional Disturbance Who Received a Face-to-Face Meeting with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service

	October - December 2003			January - March 2004			April - June 2004			July - September 2004			Fiscal Year Percentage
	Percentage Q1	# MI Children Received Assessment Following 1st Request Q1	# MI Children Received Assessment within 14 Calendar Days Q1	Percentage Q2	# MI Children Received Assessment Following 1st Request Q2	# MI Children Received Assessment within 14 Calendar Days Q2	Percentage Q3	# MI Children Received Assessment Following 1st Request Q3	# MI Children Received Assessment within 14 Calendar Days Q3	Percentage Q4	# MI Children Received Assessment Following 1st Request Q4	# MI Children Received Assessment within 14 Calendar Days Q4	
Allegan	93.02%	43	40	98.00%	50	49	54.05%	37	20	96.77%	31	30	86.34
AuSable	98.85%	87	86	100.00%	87	87	93.06%	72	67	100.00%	67	67	98.08
Barry	100.00%	51	51	100.00%	44	44	100.00%	43	43	100.00%	37	37	100.00
Bay-Arenac	97.59%	83	81	100.00%	115	115	98.90%	91	90	100.00%	81	81	99.19
Berrien	98.36%	61	60	100.00%	39	39	37.78%	90	34	80.65%	62	50	72.62
CCEI	100.00%	143	143	99.43%	176	175	100.00%	128	128	99.21%	127	126	99.65
CMH Central MI	96.52%	201	194	99.19%	248	246	93.55%	186	174	94.29%	175	165	96.17
Copper	95.65%	23	22	100.00%	19	19	100.00%	17	17	100.00%	15	15	98.65
Detroit-Wayne	95.01%	461	438	93.05%	532	495	86.50%	474	410	93.63%	424	397	92.01
Genesee	96.88%	32	31	90.91%	22	20	86.67%	30	26	91.67%	24	22	91.67
Gogebic	92.31%	13	12	100.00%	16	16	100.00%	29	29	100.00%	22	22	98.75
Greatlot	100.00%	38	38	100.00%	32	32	100.00%	34	34	100.00%	23	23	100.00
Hiawatha	100.00%	48	48	98.81%	84	83	100.00%	50	50	98.33%	60	59	99.17
Huron	100.00%	37	37	100.00%	30	30	96.67%	30	30	100.00%	27	27	99.19
Ionia	100.00%	41	41	100.00%	36	36	100.00%	37	37	100.00%	39	39	100.00
Kalamazoo	100.00%	57	57	100.00%	55	55	98.00%	50	49	100.00%	33	33	99.49
Kent	99.60%	247	246	99.18%	243	241	99.37%	316	314	100.00%	182	182	99.49
Lapeer	100.00%	21	21	100.00%	12	12	100.00%	16	16	100.00%	12	12	100.00
Lenawee	100.00%	24	24	100.00%	24	24	100.00%	25	25	100.00%	40	40	100.00
Lifeways	98.15%	162	159	95.09%	224	213	100.00%	105	105	100.00%	32	32	97.32
Livingston	100.00%	2	2	100.00%	41	41	97.06%	34	33	100.00%	33	33	99.09
Macomb	94.79%	96	91	91.82%	110	101	95.00%	120	114	97.73%	88	86	94.69
Manistee-Benzie	100.00%	38	38	100.00%	43	43	100.00%	46	46	100.00%	16	16	100.00
Monroe	100.00%	21	21	93.75%	16	15	100.00%	25	25	100.00%	7	7	98.55
Montcalm	100.00%	77	77	100.00%	40	40	98.48%	66	65	100.00%	57	57	99.58
Muskegon	98.36%	61	60	55.36%	56	31	70.97%	62	44	95.65%	46	44	79.56
Newaygo	97.30%	37	36	97.67%	43	42	95.35%	43	41	97.83%	46	45	97.04
North Country	89.66%	145	130	80.00%	170	136	97.28%	147	143	100.00%	148	148	91.31
Northeast	100.00%	42	42	100.00%	36	36	98.11%	53	52	100.00%	24	24	99.35
NorthernLakes	100.00%	207	207	95.45%	154	147	99.37%	158	157	98.56%	139	137	98.48
Northpointe	100.00%	31	31	100.00%	30	30	100.00%	24	24	100.00%	29	29	100.00
Oakland	100.00%	70	70	100.00%	86	86	100.00%	81	81	100.00%	118	118	100.00
Ottawa	98.36%	61	60	97.92%	48	47	100.00%	48	48	97.37%	38	37	98.46
Pathways	100.00%	78	78	98.78%	82	81	95.31%	64	61	90.91%	55	50	96.77
Pines	101.33%	75	76	96.92%	65	63	96.36%	55	53	100.00%	47	47	98.76
Saginaw	92.86%	28	26	100.00%	18	18	88.57%	35	31	96.08%	51	49	93.94
Sanilac	100.00%	16	16	100.00%	16	16	92.86%	14	14	100.00%	10	10	98.21
Shiawassee	100.00%	24	24	100.00%	38	38	96.30%	27	26	94.74%	38	36	97.64
St. Clair	100.00%	41	41	100.00%	42	42	97.96%	49	48	100.00%	31	31	99.39
St. Joseph	100.00%	18	18	100.00%	25	25	100.00%	19	19	88.89%	9	8	98.59
Summit Pointe	96.94%	98	95	99.12%	113	112	96.88%	64	62	96.51%	86	83	97.51
Tuscola	88.89%	27	24	66.67%	30	20	84.38%	20	27	95.00%	20	19	82.57
Van Buren	100.00%	48	48	100.00%	38	38	100.00%	43	43	100.00%	25	25	100.00
Washtenaw	100.00%	65	65	100.00%	51	51	100.00%	44	44	100.00%	41	41	100.00
West Michigan	100.00%	55	55	95.45%	66	63	100.00%	63	63	100.00%	55	52	98.68
Woodlands	100.00%	43	43	100.00%	42	42	100.00%	34	34	100.00%	33	33	100.00
	97.81%	3,377	3,303	95.76%	3,587	3,435	93.46%	3,302	3,086	97.29%	2,800	2,724	

Percentage of Children with Emotional Disturbance Who Received a Face-to-Face Meeting with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service



Indicator No. 2a



IND2A	
N of cases	46
Minimum	72.620
Maximum	100.000
Sum	4445.960
Median	98.715
Mean	96.651
Standard Dev	5.764

Stem and Leaf Plot of variable:

IND2A, N = 46

Minimum: 72.620
 Lower hinge: 97.040
 Median: 98.715
 Upper hinge: 99.650
 Maximum: 100.000

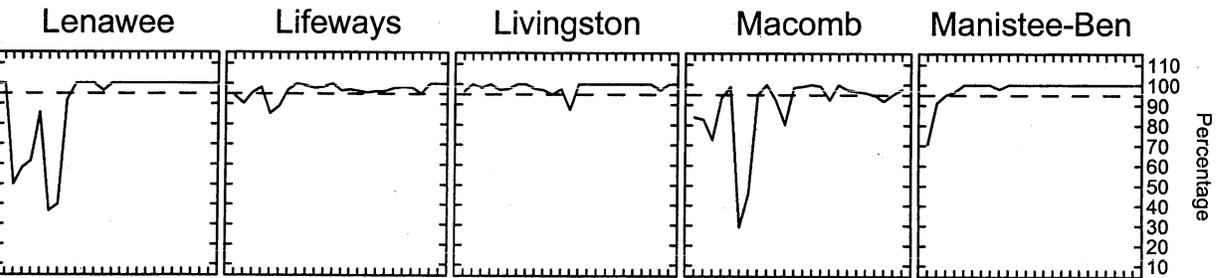
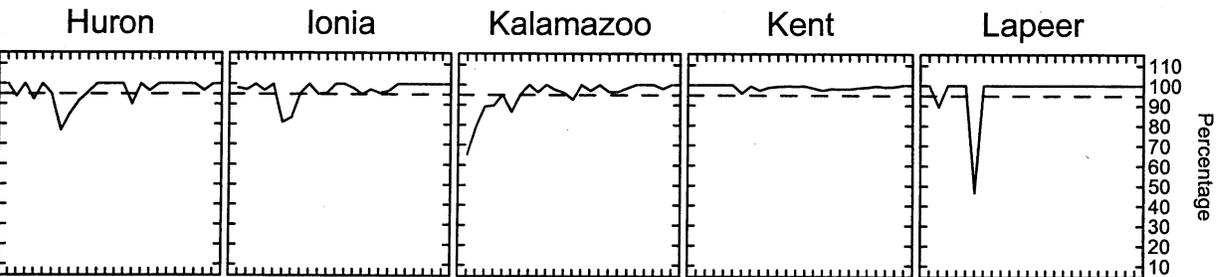
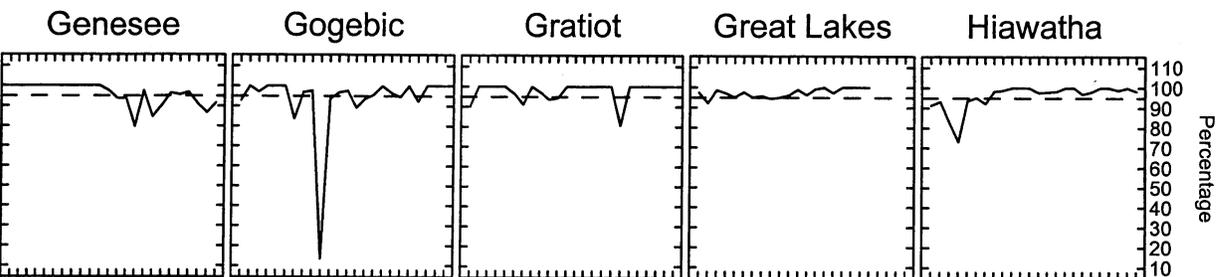
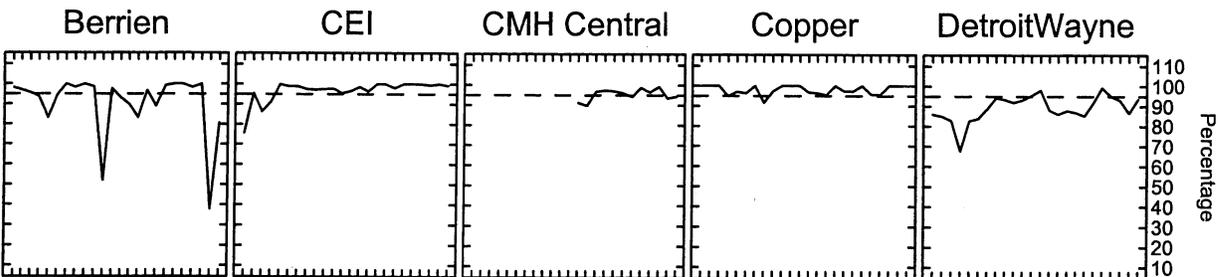
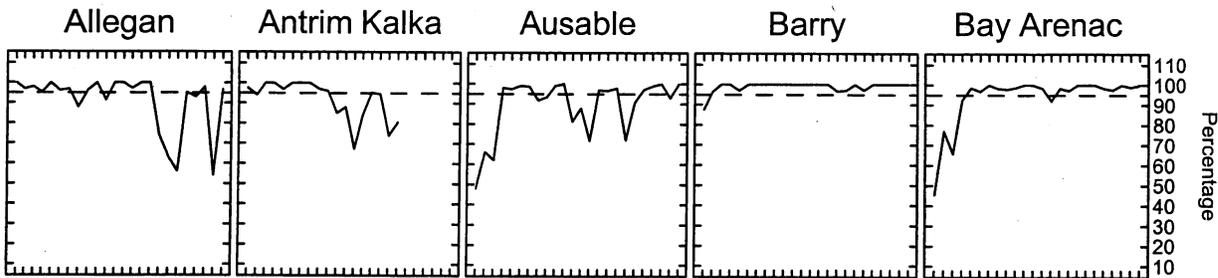
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Indicator No. 2a - Meeting with a Professional (Children with Emotional Disturbances)

CMHSP



Time Period

Time Period

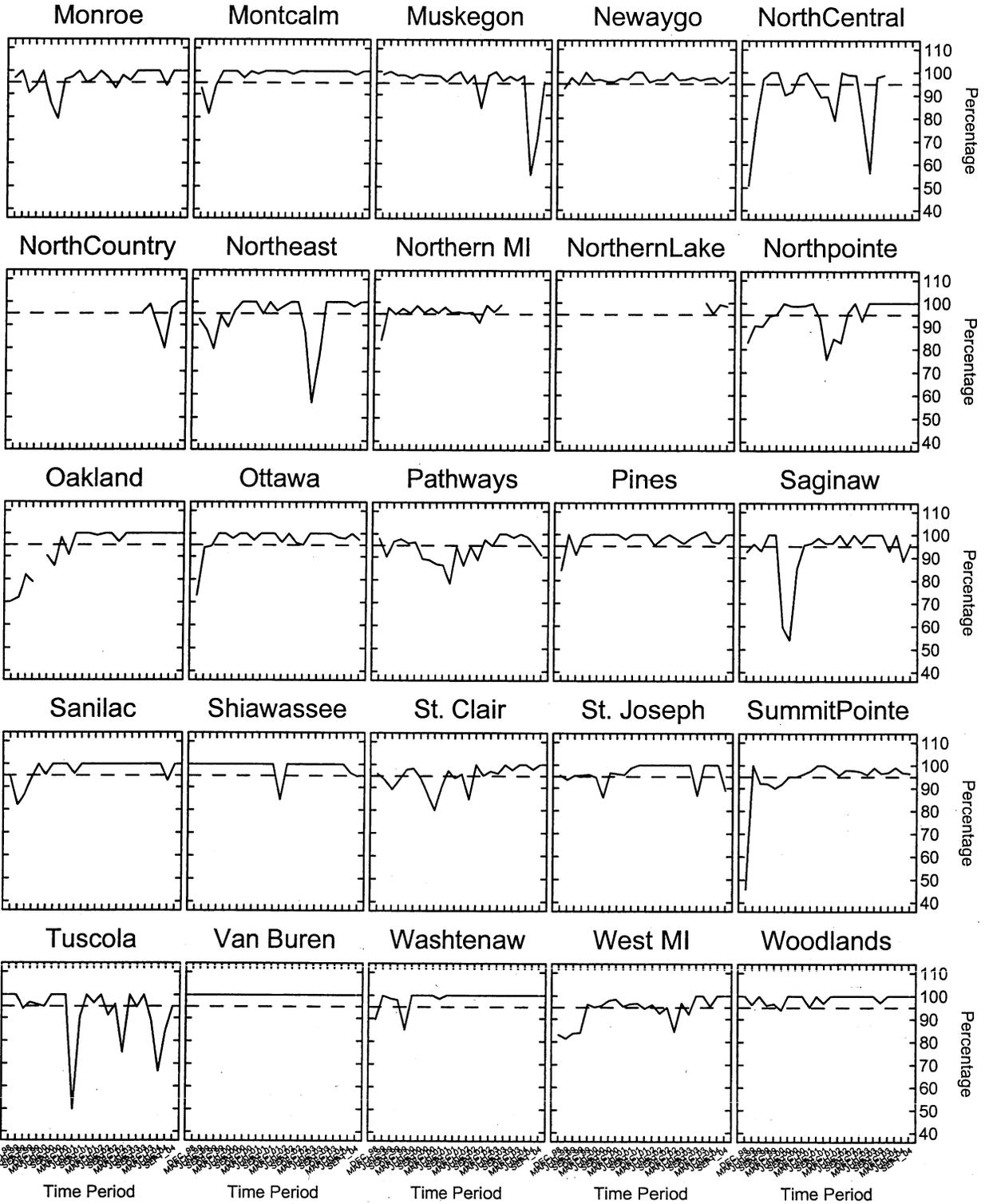
Time Period

Time Period

Time Period

Indicator No. 2a - Page Two

CMHSP



Indicator 2b. Access: Timeliness -- Percentage of adults with mental illness who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service. The standard is 95 percent within 14 days.

Rationale for Use:

Quick, convenient entry into the mental health system is a critical aspect of accessibility of services. Delays in clinical and psychosocial assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Method of Calculation:

Numerator: The number of adults with mental illness who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service.

Denominator: The total number of adults with mental illness who received a non-emergent face-to-face assessment with a professional during the reporting period.

A request for service occurs when a person, or someone on the person’s behalf, asks that community mental health services be provided. If more than one request is made, time calculations should be based on the first. A face-to-face meeting means an assessment conducted by a mental health professional. Excluded from the definition of assessment are telephone screenings used to triage or prioritize consumers based on self-reported symptoms and problems. Also, consumers who request an appointment outside the 14 calendar day period, may be excluded from the indicator. Non-emergent assessment and services **exclude** pre-admission screening for and receipt of psychiatric in-patient care.

Descriptive Statistics:

	DEC_03	MARCH_04	JUNE_04	SEPT_04	Annual Average
N of cases	46	46	46	46	46
Minimum	70.670	70.590	40.450	58.570	67.03
Maximum	100.000	100.000	100.000	100.000	100.00
Median	98.875	99.080	98.960	99.420	98.79
Mean	97.888	97.162	96.129	97.336	96.91

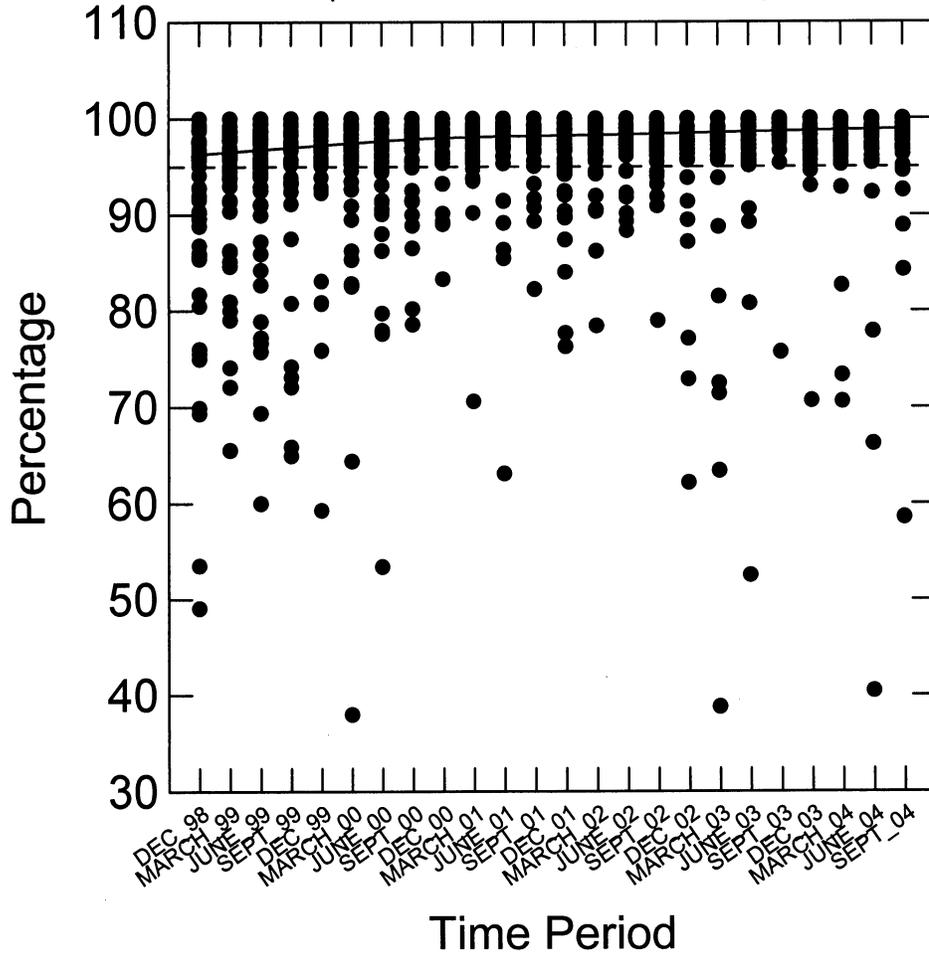
Comments:

Historical trends: This indicator has been in place since FY '99. The lowest smooth line of the longitudinal scatter plot shows a weak trend increasing from the 95 standard toward 100 percent. The scatterplot also shows that there was initially some slight variation or spread among the CMHSPs that has decreased across time.

Indicator 2b. – Continued...

2004 CMHSP Performance: As shown in the ordered dot plot for FY '04, 6 of the 46 CMHSPs did not meet the 95 percent standard. The CMHSPs failing to meet the standard are Detroit/Wayne (94.81%), North Country (93.79%), Tuscola (89.02%), Genesee (88.69%), Berrien (73.84%), Allegan (67.03%). The median annual percentage for this indicator is 98.79 percent and the average (mean) annual percentage is lower at 96.91 percent due to several CMHSP at the lower end of the percentages. Based on the box plot for FY2004, one CMHSP was an outlier toward the low end on this indicator (North Country) and four CMHSPs were extreme outliers (Tuscola, Genesee, Berrien, Allegan). It should be noted that Allegan did not meet the 95 percent standard for any quarter during FY '04.

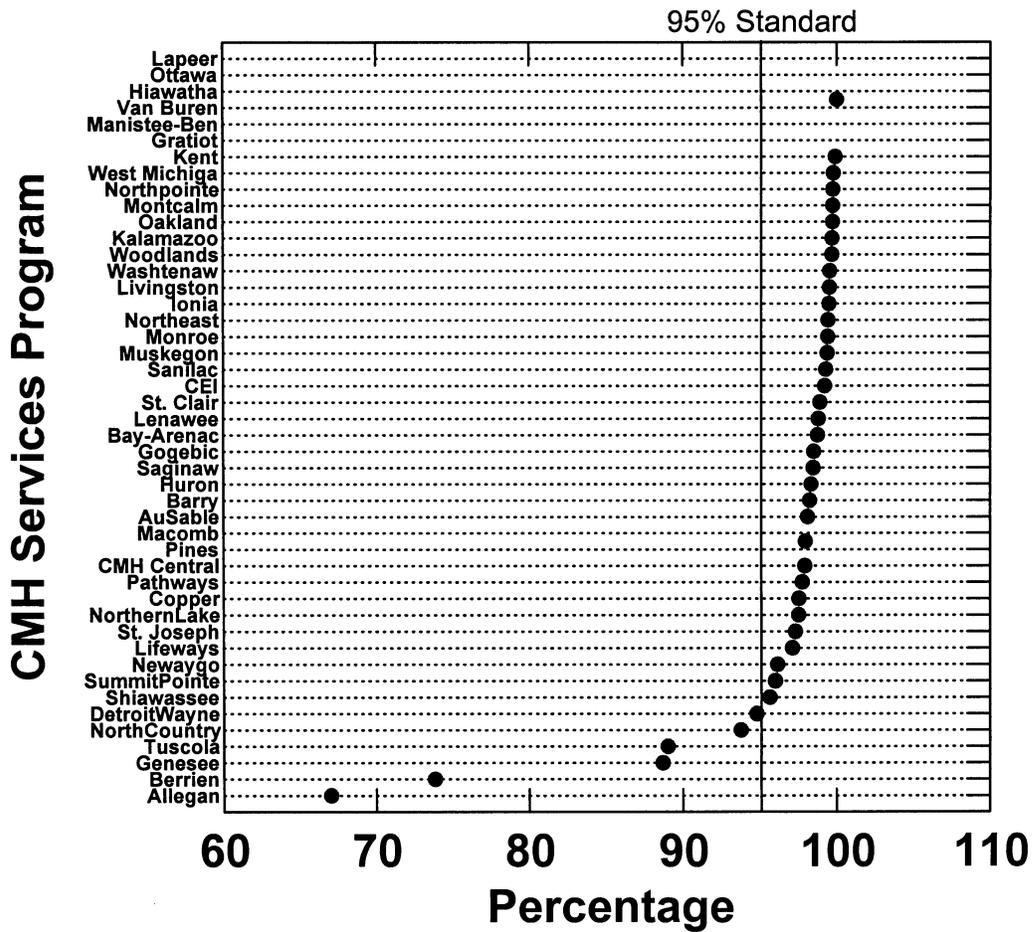
Indicator No. 2b - Meeting with a Professional
(Adults with Mental Illness)



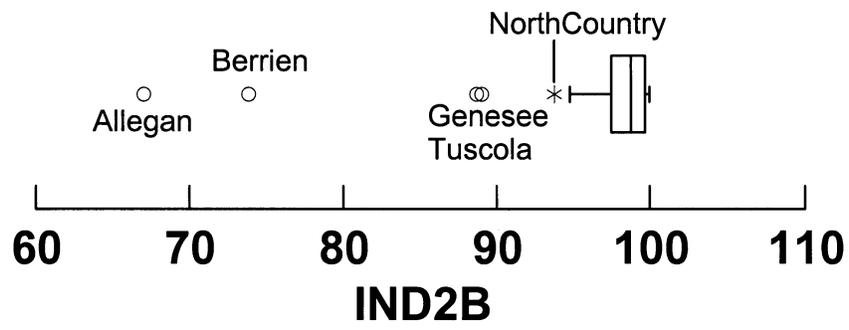
Indicator 2b: Percentage of Adults with Mental Illness Who Received a Face-to-Face Meeting with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service

	October - December 2003			January - March 2004			April - June 2004			July - September 2004			Fiscal Year Percentage
	Percentage Q1	# MI Adults Received Assessment Following 1st Request Q1	# MI Adults Received Assessment within 14 Calendar Days Q1	Percentage Q2	# MI Adults Received Assessment Following 1st Request Q2	# MI Adults Received Assessment within 14 Calendar Days Q2	Percentage Q3	# MI Adults Received Assessment Following 1st Request Q3	# MI Adults Received Assessment within 14 Calendar Days Q3	Percentage Q4	# MI Adults Received Assessment Following 1st Request Q4	# MI Adults Received Assessment within 14 Calendar Days Q4	
Allegan	70.67%	75	53	73.33%	60	44	66.20%	71	47	58.57%	70	41	67.03
AuSable	98.73%	157	155	98.31%	178	175	96.75%	154	149	98.50%	200	197	98.11
Barry	98.41%	126	124	96.64%	119	115	100.00%	102	102	98.20%	111	109	98.25
Bay-Arenac	97.61%	209	204	99.03%	207	205	99.04%	209	207	99.44%	209	207	98.76
Berrien	98.65%	148	146	100.00%	64	64	40.45%	220	89	84.29%	191	161	73.84
CEI	98.86%	88	87	100.00%	97	97	99.02%	102	101	99.05%	105	104	99.23
CMH Central MI	98.89%	449	444	99.13%	461	457	97.42%	465	453	96.33%	463	446	97.93
Copper	95.65%	23	22	97.22%	36	35	97.14%	35	34	100.00%	28	28	97.54
Detroit-Wayne	96.12%	1,211	1,164	95.54%	1,053	1,006	92.34%	888	820	94.59%	703	665	94.81
Genesee	95.05%	101	96	92.66%	70	65	77.85%	149	116	92.57%	175	162	88.69
Gogebic	100.00%	35	35	100.00%	32	32	100.00%	26	26	95.12%	41	39	98.51
Grafton	100.00%	36	36	100.00%	34	34	100.00%	45	45	100.00%	61	61	100.00
Hawatha	100.00%	61	61	100.00%	87	87	100.00%	72	72	100.00%	119	119	100.00
Huron	97.30%	37	36	100.00%	53	53	97.96%	49	49	97.62%	42	41	98.34
Ionia	100.00%	103	103	100.00%	119	119	100.00%	93	93	97.92%	96	94	98.51
Kalamazoo	98.63%	73	72	100.00%	82	82	100.00%	91	91	100.00%	93	93	99.71
Kent	100.00%	875	875	99.91%	1,142	1,141	99.91%	1,101	1,100	99.84%	1,274	1,272	99.91
Lapeer	100.00%	65	65	100.00%	55	55	100.00%	62	62	100.00%	62	62	100.00
Lenawee	99.02%	102	101	99.00%	100	99	98.98%	98	97	98.32%	119	117	98.81
Lifeways	96.52%	345	333	97.84%	417	408	95.64%	275	263	98.60%	214	211	97.12
Livingston	100.00%	14	14	100.00%	75	75	98.67%	75	74	100.00%	54	54	99.54
Macomb	98.64%	295	291	97.57%	288	281	96.09%	307	295	99.40%	336	334	97.96
Manistee-Benzie	100.00%	52	52	100.00%	64	64	100.00%	62	62	100.00%	54	54	100.00
Monroe	100.00%	78	78	98.84%	86	85	99.07%	108	107	100.00%	79	79	99.43
Montcalm	100.00%	129	129	100.00%	71	71	99.04%	104	103	100.00%	94	94	99.75
Muskegon	98.69%	153	151	100.00%	174	174	98.73%	158	156	100.00%	172	172	99.39
Newaygo	95.06%	81	77	97.00%	100	97	95.60%	91	87	96.77%	93	90	96.16
North Country	93.04%	230	214	82.64%	242	200	98.47%	262	258	100.00%	265	265	93.79
Northeast	98.73%	289	287	98.19%	101	101	98.94%	94	93	100.00%	87	87	95.45
NorthernLakes	99.31%	289	287	100.00%	276	271	96.06%	332	319	96.78%	311	301	97.52
Northpointe	98.96%	96	95	100.00%	104	104	100.00%	94	94	100.00%	122	122	99.76
Oakland	100.00%	574	574	99.69%	643	641	99.80%	511	510	99.48%	580	577	99.74
Ottawa	100.00%	132	132	100.00%	160	160	100.00%	151	151	100.00%	152	152	100.00
Pathways	98.21%	223	219	97.02%	235	228	98.00%	200	196	97.93%	145	142	97.76
Pines	96.73%	153	148	98.08%	156	153	98.51%	134	132	98.61%	144	142	97.96
Saginaw	100.00%	55	55	96.30%	54	52	98.68%	76	75	98.68%	76	75	98.47
Sanilac	100.00%	31	31	100.00%	37	37	100.00%	32	32	97.67%	43	42	99.30
Shiawassee	100.00%	89	89	97.53%	81	79	98.53%	68	67	88.89%	108	96	95.66
St. Clair	96.36%	110	106	99.21%	126	125	100.00%	122	122	100.00%	103	103	98.92
St. Joseph	98.31%	59	58	96.05%	76	73	95.43%	57	57	97.06%	68	66	97.31
Summit Pointe	96.11%	180	173	95.24%	231	220	95.43%	175	167	97.22%	216	210	96.01
Tuscola	94.59%	37	35	70.59%	51	36	96.08%	51	49	100.00%	34	34	89.02
Van Buren	100.00%	150	150	100.00%	112	112	100.00%	97	97	100.00%	113	113	100.00
Washtenaw	100.00%	94	94	97.87%	47	46	100.00%	36	36	100.00%	45	45	99.55
West Michigan	100.00%	110	110	100.00%	112	112	99.25%	134	133	100.00%	131	131	99.79
Woodlands	100.00%	76	76	98.81%	84	83	100.00%	79	79	100.00%	89	89	99.70
	97.97%	7,888	7,728	97.59%	8,252	8,053	95.55%	7,917	7,565	97.63%	8,060	7,869	

Percentage of Adults with Mental Illness Who Received a Face-to-Face Meeting with a Professional within 14 Calendar Days of a Non-Emergent Request for Service



Indicator No. 2b



IND2B	
N of cases	46
Minimum	67.030
Maximum	100.000
Sum	4458.040
Median	98.785
Mean	96.914
Standard Dev	6.260

Stem and Leaf Plot of variable: IND2B, N = 46

Minimum: 67.030
 Lower hinge: 97.520
 Median: 98.785
 Upper hinge: 99.710
 Maximum: 100.000

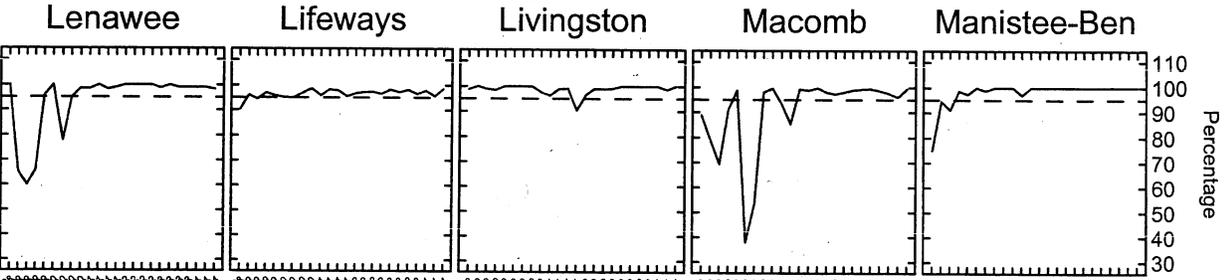
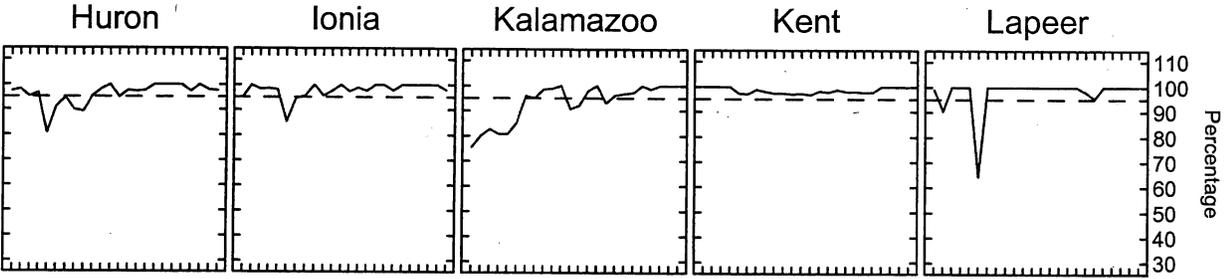
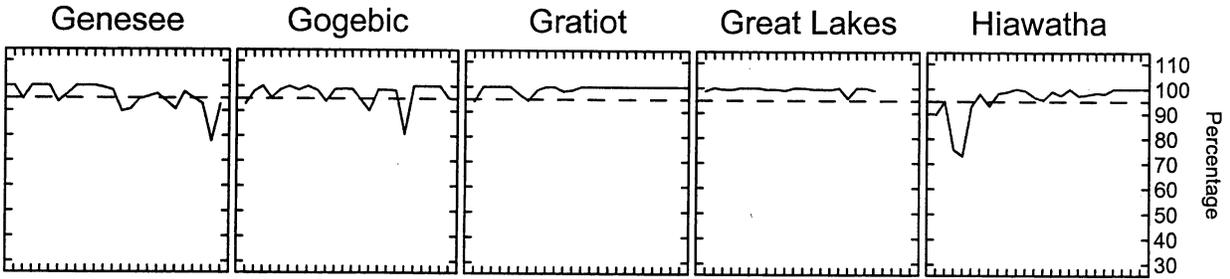
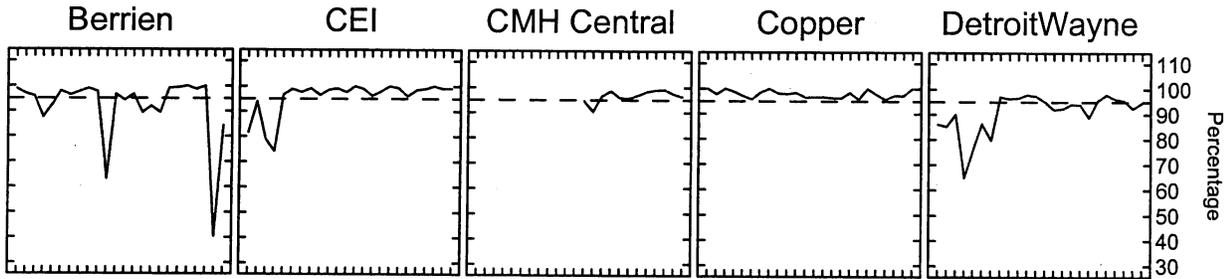
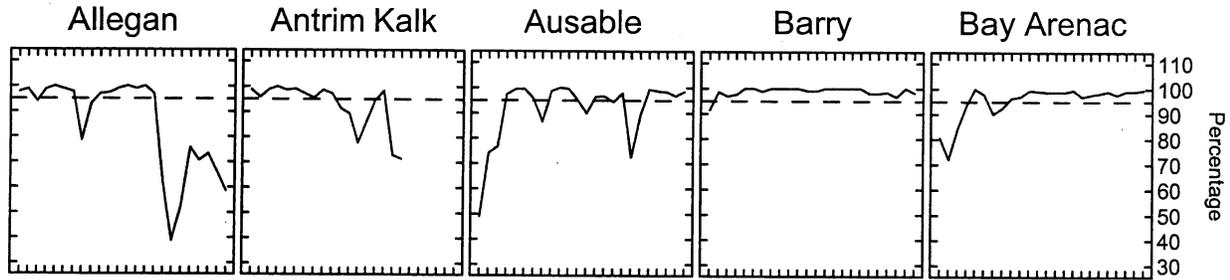
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    97 H 557999
    98  1234
    98 M 5789
    99  23344
    99 H 5557777779
   100  000000

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Indicator No. 2b - Meeting with a Professional (Adults with Mental Illness)

CMHSP



Time Period

Time Period

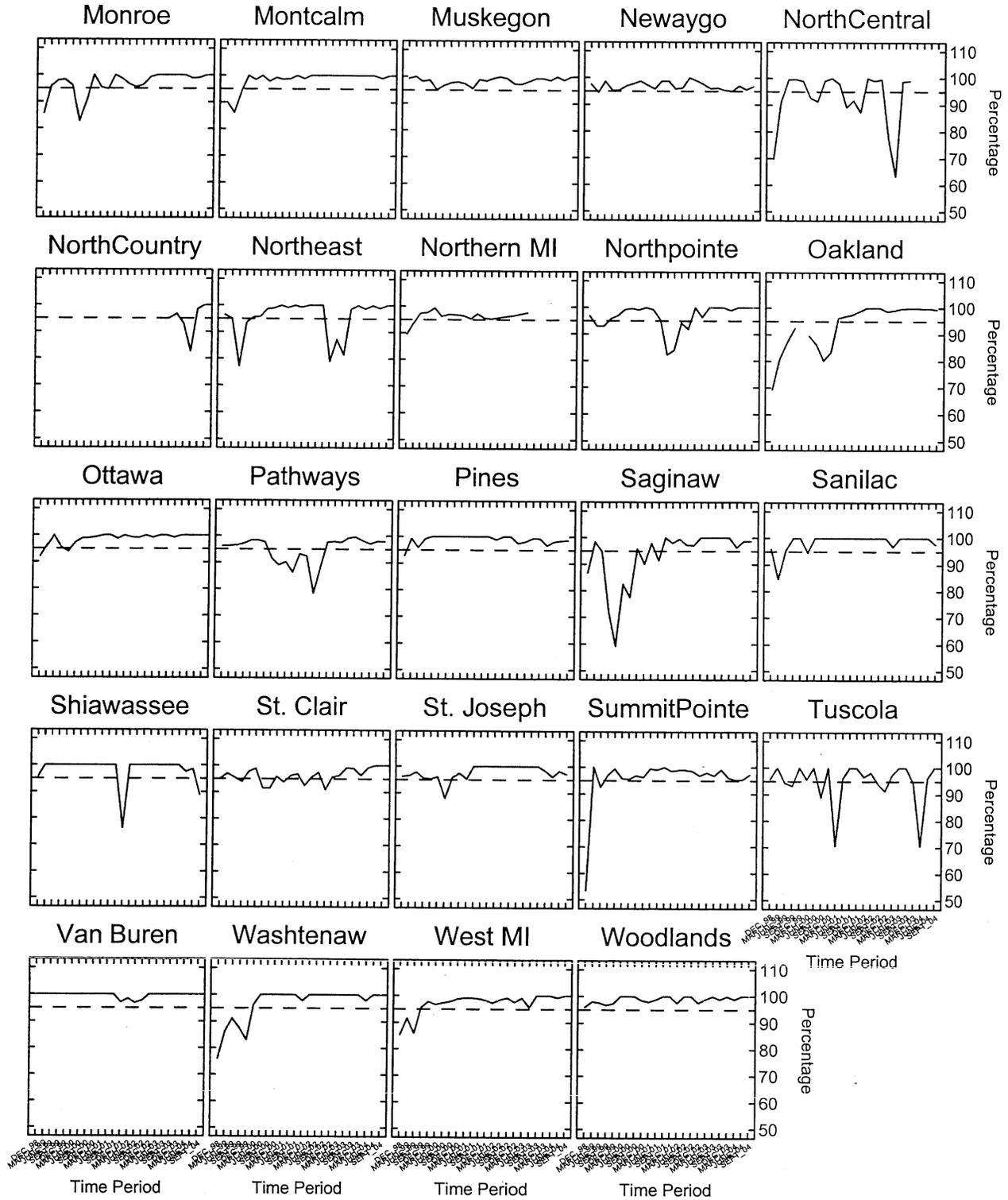
Time Period

Time Period

Time Period

Indicator No. 2b - Page Two

CMHSP



Indicator 2c. Access: Timeliness -- Percentage of children with a developmental disability who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service. The standard is 95 percent within 14 days.

Rationale for Use:

Quick, convenient entry into the mental health system is a critical aspect of accessibility of services. Delays in clinical and psychosocial assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Method of Calculation:

Numerator: The number of children with a developmental disability who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service.

Denominator: The total number of children with a developmental disability who received a non-emergent face-to-face assessment with a professional during the reporting period.

A request for service occurs when a person, or someone on the person’s behalf, asks that community mental health services be provided. If more than one request is made, time calculations should be based on the first. A face-to-face meeting means an assessment conducted by a mental health professional. Excluded from the definition of assessment are telephone screenings used to triage or prioritize consumers based on self-reported symptoms and problems. Also, consumers who request an appointment outside the 14 calendar day period, may be excluded from the indicator. Non-emergent assessment and services **exclude** pre-admission screening for and receipt of psychiatric in-patient care.

Descriptive Statistics:

	DEC_03	MARCH_04	JUNE_04	SEPT_04	Annual Average
N of cases	34	35	35	33	44
Minimum	66.670	50.000	0.000	50.000	30.00
Maximum	100.000	100.000	100.000	100.000	100.00
Median	100.000	100.000	100.000	100.000	100.00
Mean	98.599	97.219	95.663	96.738	96.61

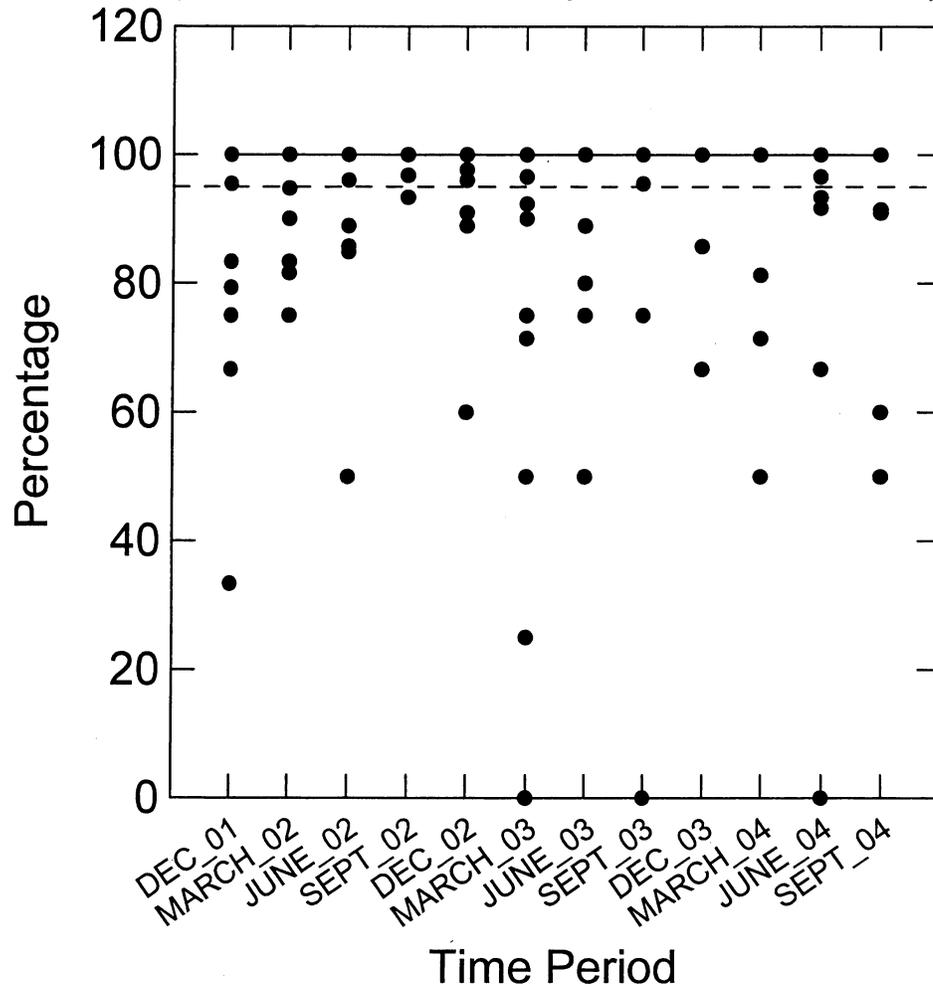
Comments:

Historical trends: This indicator has been in place since FY '02. The lowest smooth line of the longitudinal scatter plot shows a flat trend line at 100 percent that is clearly above the 95 percent standard. The scatterplot also shows that there is very little variation or spread among the CMHSPs that has decreased across time.

Indicator 2c. – Continued...

2004 CMHSP Performance: As shown in the ordered dot plot for FY '04, 6 of the 46 CMHSPs did not meet the 95 percent standard. The CMHSPs failing to meet the standard are: Oakland (93.14%), Detroit/Wayne (92.59%), Lifeways (90.00%), Central (85.71%), Berrien (66.67%), Allegan (30.00%). The median annual percentage for this indicator is 100.00 percent and the average (mean) annual percentage is lower at 96.61 percent due to several CMHSP at the lower end of the percentages. Based on the box plot for FY2004, six CMHSPs were extreme outliers toward the low end on this indicator (Oakland, Detroit/Wayne, Lifeways, Central, Berrien and Allegan).

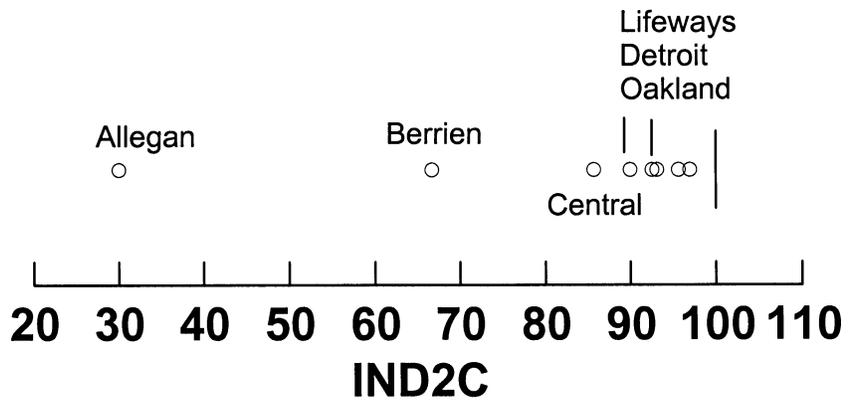
Indicator No. 2c - Meeting with a Professional
(Children with Developmental Disabilities)



Indicator 2c: Percentage of Children with Developmental Disabilities Who Received a Face-to-Face Meeting with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service

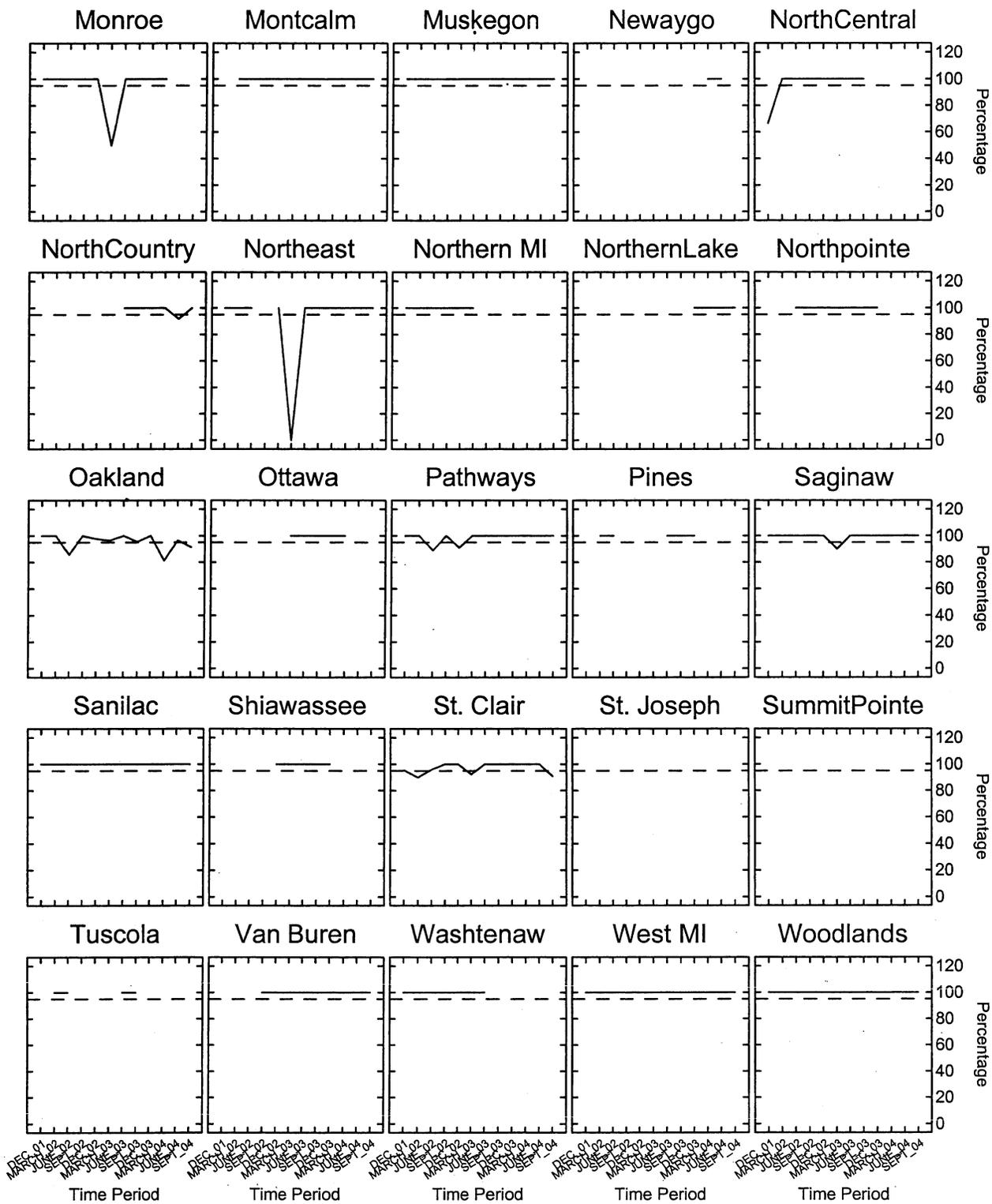
	October - December 2003			January - March 2004			April - June 2004			July - September 2004			Fiscal Year Percentage	
	Percentage Q1	# DD Children Received Assessment Following 1st Request Q1	# DD Children Received Assessment within 14 Calendar Days Q1	Percentage Q2	# DD Children Received Assessment Following 1st Request Q2	# DD Children Received Assessment within 14 Calendar Days Q2	Percentage Q3	# DD Children Received Assessment Following 1st Request Q3	# DD Children Received Assessment within 14 Calendar Days Q3	Percentage Q4	# DD Children Received Assessment Following 1st Request Q4	# DD Children Received Assessment within 14 Calendar Days Q4		
Allegan		0	0	50.00%	2	1	0.00%	4	0	0	50.00%	4	2	30.00
AuSable		0	0		0	0		0	0	0		0	0	
Barry	100.00%	1	1	100.00%	2	2	100.00%	1	1	1	100.00%	1	1	100.00
Bay-Arenac		0	0	100.00%	4	4	100.00%	2	2	2	100.00%	3	3	100.00
Berrien		0	0	100.00%	1	1	66.67%	3	3	2	60.00%	5	3	66.67
CEI	100.00%	6	6	100.00%	10	10	100.00%	8	8	8	100.00%	11	11	100.00
CMH Central MI	100.00%	1	1	71.43%	7	5	100.00%	4	4	4	100.00%	2	2	85.71
Copper	100.00%	2	2	100.00%	1	1	100.00%	1	1	1	100.00%	0	0	100.00
Detroit-Wayne	85.71%	21	18	100.00%	8	8	93.33%	15	14	14	100.00%	10	10	92.59
Genesee	100.00%	2	2	100.00%	3	3	100.00%	3	3	3	100.00%	2	2	100.00
Gogebic	100.00%	1	1	100.00%	1	1	100.00%	1	1	1	100.00%	1	1	100.00
Gratiot	100.00%	2	2		0	0	100.00%					0	0	100.00
Hiawatha	100.00%	2	2	100.00%	3	3	100.00%	3	3	3	100.00%	5	5	100.00
Huron		0	0	100.00%	2	2		0	0	0		0	0	100.00
Ionia	100.00%	2	2		0	0						0	0	100.00
Kalamazoo	100.00%	5	5	100.00%	3	3	100.00%	9	9	9	100.00%	3	3	100.00
Kent	100.00%	19	19	100.00%	18	18	100.00%	21	21	21	100.00%	17	17	100.00
Lapeer	100.00%	5	5	100.00%	1	1	100.00%	2	2	2	100.00%	1	1	100.00
LeNawee		0	0		0	0		2	2	2	100.00%	2	2	100.00
Lifeways	66.67%	3	2	100.00%	3	3	100.00%	3	3	3	100.00%	1	1	90.00
Livingston	100.00%	60	60	100.00%	13	13	100.00%	9	9	9	100.00%	5	5	100.00
Macomb	100.00%	18	18	100.00%	16	16	100.00%	17	17	17	100.00%	26	26	100.00
Manistee-Benzie		0	0		0	0		0	0	0		0	0	
Monroe	100.00%	2	2	100.00%	2	2	100.00%	0	0	0		0	0	100.00
Montcalm	100.00%	1	1	100.00%	2	2	100.00%	3	3	3	100.00%	3	3	100.00
Muskegon	100.00%	11	11	100.00%	9	9	100.00%	11	11	11	100.00%	8	8	100.00
Newaygo		0	0	100.00%	1	1	100.00%	1	1	1	100.00%	0	0	100.00
North Country	100.00%	2	2	100.00%	7	7	91.67%	12	11	11	100.00%	2	2	95.65
Northeast	100.00%	5	5	100.00%	4	4	100.00%	1	1	1	100.00%	1	1	100.00
NorthernLakes	100.00%	17	17	100.00%	7	7	100.00%	8	8	8	100.00%	10	10	100.00
Northpointe	100.00%	3	3		0	0	100.00%	1	1	1		0	0	100.00
Oakland	100.00%	22	22	81.25%	16	13	96.55%	29	28	28	91.43%	35	32	93.14
Ottawa	100.00%	1	1	100.00%	1	1	100.00%	0	0	0		0	0	100.00
Pathways	100.00%	5	5	100.00%	4	4	100.00%	2	2	2	100.00%	3	3	100.00
Pines	100.00%	1	1		0	0		0	0	0		0	0	100.00
Saginaw	100.00%	12	12	100.00%	17	17	100.00%	15	15	15	100.00%	6	6	100.00
Sanilac	100.00%	1	1	100.00%	3	3	100.00%	6	6	6	100.00%	4	4	100.00
Shiawassee	100.00%	1	1		0	0		0	0	0	100.00%	3	3	100.00
St. Clair	100.00%	10	10	100.00%	7	7	100.00%	5	5	5	90.91%	11	10	96.97
St. Joseph		0	0		0	0		0	0	0	100.00%	1	1	100.00
Summit Pointe		0	0		0	0	100.00%	1	1	1		0	0	100.00
Tuscola		0	0	100.00%	1	1		0	0	0		0	0	100.00
Van Buren	100.00%	1	1	100.00%	3	3	100.00%	4	4	4	100.00%	2	2	100.00
Washtenaw		0	0		0	0		0	0	0		0	0	100.00
West Michigan	100.00%	1	1	100.00%	1	1	100.00%	4	4	4	100.00%	6	6	100.00
Woodlands	100.00%	4	4	100.00%	4	2	100.00%	6	6	6	100.00%	2	2	100.00
	98.40%	250	246	96.76%	185	179	96.33%	218	210	210	95.94%	197	189	

Indicator No. 2c



Indicator No. 2c - Page Two

CMHSP



Indicator 2d. Access: Timeliness -- Percentage of adults with a developmental disability who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service. The standard is 95 percent within 14 days.

Rationale for Use:

Quick, convenient entry into the mental health system is a critical aspect of accessibility of services. Delays in clinical and psychosocial assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Method of Calculation:

Numerator: The number of adults with a developmental disability who received a face-to-face meeting with a professional within 14 calendar days of a non-emergent request for service.

Denominator: The total number of adults with a developmental disability who received a non-emergent face-to-face assessment with a professional during the reporting period.

A request for service occurs when a person, or someone on the person’s behalf, asks that community mental health services be provided. If more than one request is made, time calculations should be based on the first. A face-to-face meeting means an assessment conducted by a mental health professional. Excluded from the definition of assessment are telephone screenings used to triage or prioritize consumers based on self-reported symptoms and problems. Also, consumers who request an appointment outside the 14 calendar day period, may be excluded from the indicator. Non-emergent assessment and services **exclude** pre-admission screening for and receipt of psychiatric in-patient care.

Descriptive Statistics:

	DEC_03	MARCH_04	JUNE_04	SEPT_04	Annual Average
N of cases	42	41	41	45	45
Minimum	85.000	42.860	0.000	75.000	64.71
Maximum	100.000	100.000	100.000	100.000	100.00
Median	100.000	100.000	100.000	100.000	100.00
Mean	99.518	97.289	89.869	97.472	96.28

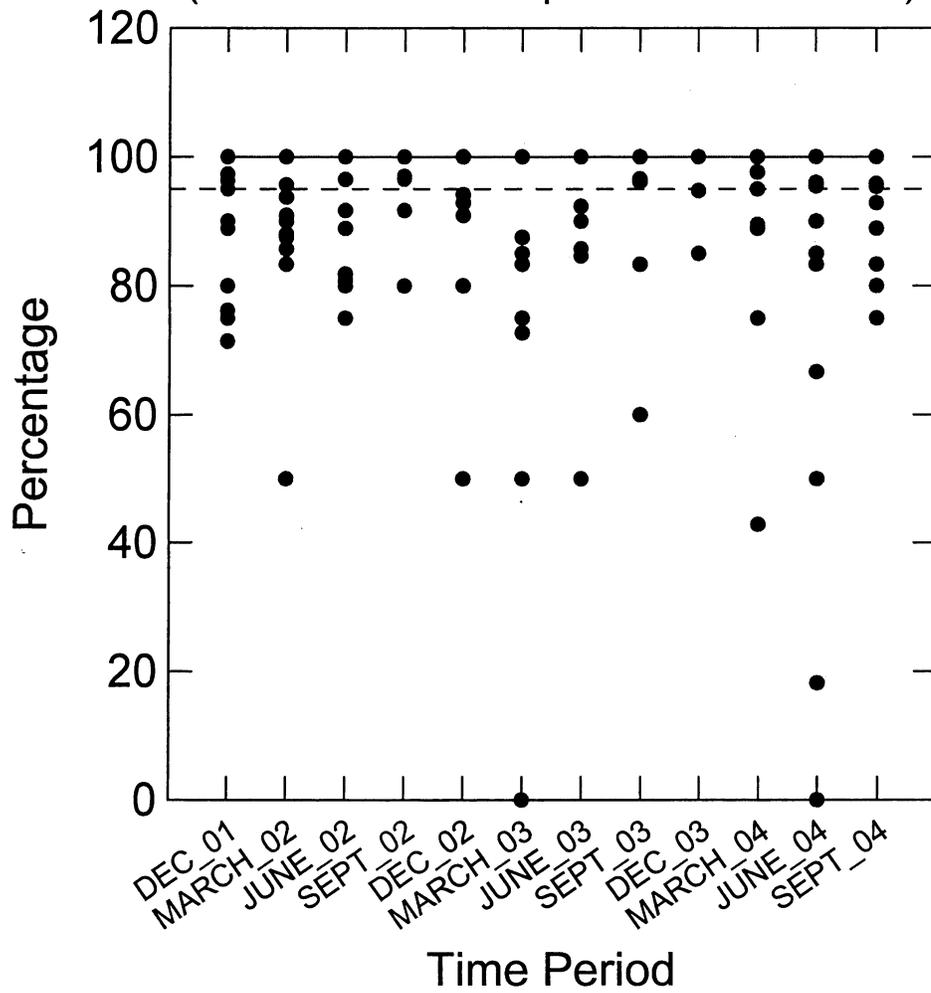
Comments:

Historical trends: This indicator has been in place since FY '02. The lowest smooth line of the longitudinal scatter plot shows a flat trend line at 100 percent that is clearly above the 95 percent standard. The scatterplot also shows that there is very little variation or spread among the CMHSPs that has decreased across time.

Indicator 2d. – Continued...

2004 CMHSP Performance: As shown in the ordered dot plot for FY '04, 11 of the 46 CMHSPs did not meet the 95 percent standard. The CMHSPs failing to meet the standard are: Shiawassee (94.12%), Detroit/Wayne (93.94%), Northern Lakes (92.86%), Ionia (90.91%), Lifeways (90.32%), Central (90.24%), Huron (90.00%), West Michigan (88.89%), Tuscola (81.25%), Berrien (67.74%), and Allegan (64.71%). The median annual percentage for this indicator is 100.00 percent and the average (mean) annual percentage is lower at 96.28 percent due to several CMHSP at the lower end of the percentages. Based on the box plot for FY2004, one CMHSP is an outlier toward the low end on this indicator (West Michigan) and three CMHSPs were extreme outliers (Tuscola, Berrien, and Allegan).

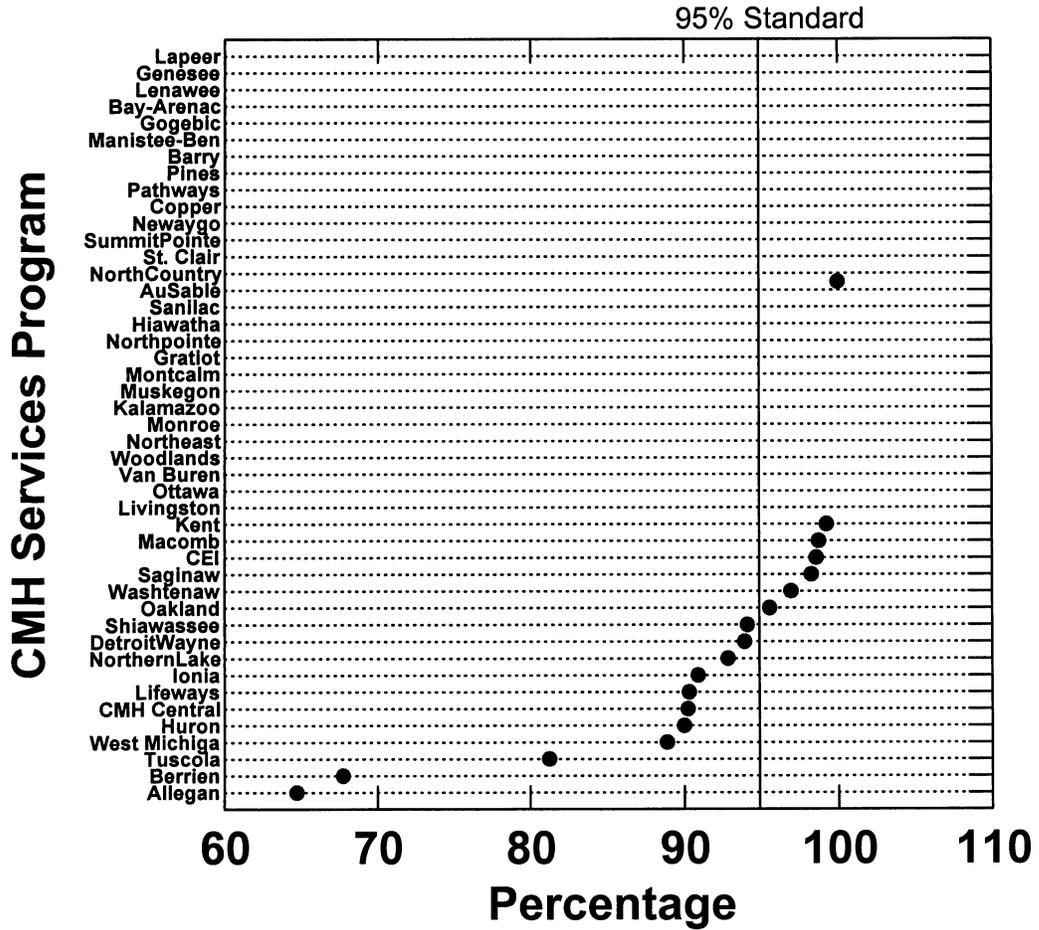
Indicator No. 2d - Meeting with a Professional
(Adults with Developmental Disabilities)



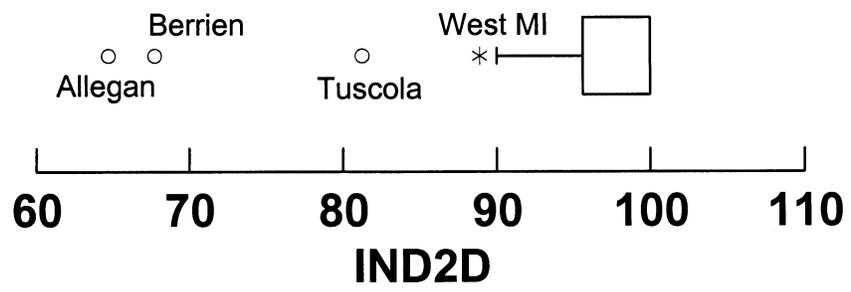
Indicator Zd: Percentage of Adults with Developmental Disabilities Who Received a Face-to-Face Meeting with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service

	October - December 2003			January - March 2004			April - June 2004			July - September 2004			Fiscal Year Percentage
	Percentage Q1	# DD Adults Received Assessment Following 1st Request Q1	# DD Adults Received Assessment within 14 Calendar Days Q1	Percentage Q2	# DD Adults Received Assessment Following 1st Request Q2	# DD Adults Received Assessment within 14 Calendar Days Q2	Percentage Q3	# DD Adults Received Assessment Following 1st Request Q3	# DD Adults Received Assessment within 14 Calendar Days Q3	Percentage Q4	# DD Adults Received Assessment Following 1st Request Q4	# DD Adults Received Assessment within 14 Calendar Days Q4	
Allegan	100.00%	4	4	42.86%	7	3	50.00%	2	1	75.00%	4	3	64.71
AuSable	100.00%	4	4	100.00%	6	6	100.00%	5	5	100.00%	6	6	100.00
Barry	100.00%	4	4	100.00%	0	0	100.00%	6	6	100.00%	2	2	100.00
Bay-Arenac	100.00%	7	7	100.00%	11	11	100.00%	5	5	100.00%	1	1	100.00
Berrien	100.00%	4	4	100.00%	2	2	18.18%	11	2	92.86%	14	13	67.74
CEI	100.00%	13	13	100.00%	15	15	95.45%	22	21	100.00%	21	21	98.59
GMH Central MI	85.00%	20	17	100.00%	11	11	100.00%	5	5	80.00%	5	4	90.24
Copper	94.74%	19	18	100.00%	23	23	83.33%	18	15	100.00%	6	6	93.94
Detroit-Wayne	100.00%	5	5	100.00%	4	4	100.00%	7	7	100.00%	5	5	100.00
Genesee	100.00%	3	3	100.00%	4	4	100.00%	2	2	100.00%	1	1	100.00
Gogebic	100.00%	3	3	100.00%	2	2	100.00%	2	2	100.00%	4	4	100.00
Gratiot	100.00%	4	4	100.00%	1	1	100.00%	1	1	100.00%	3	3	100.00
Hiawatha	100.00%	1	1	75.00%	4	3	100.00%	2	2	100.00%	2	2	90.00
Huron	100.00%	3	3	100.00%	5	5	0.00%	1	0	100.00%	2	2	90.91
Ionia	100.00%	13	13	100.00%	12	12	100.00%	11	11	100.00%	17	17	100.00
Kalamazoo	100.00%	22	22	97.62%	42	41	100.00%	37	37	100.00%	34	34	99.26
Kent	100.00%	4	4	100.00%	2	2	100.00%	3	3	100.00%	2	2	100.00
Lapeer	100.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	4	4	100.00
Lenawee	100.00%	4	4	100.00%	5	5	90.00%	10	9	83.33%	12	10	90.32
Lifeways	100.00%	29	29	100.00%	1	1	100.00%	0	0	100.00%	2	2	100.00
Livingston	100.00%	14	14	100.00%	18	18	100.00%	24	24	95.83%	24	23	96.75
Macomb	100.00%	0	0	0.00%	0	0	0.00%	3	3	100.00%	1	1	100.00
Manistee-Benzie	100.00%	2	2	100.00%	5	5	0.00%	5	5	100.00%	5	5	100.00
Monroe	100.00%	1	1	100.00%	2	2	100.00%	2	2	100.00%	2	2	100.00
Montcalm	100.00%	11	11	100.00%	17	17	100.00%	9	9	100.00%	12	12	100.00
Muskegon	100.00%	1	1	100.00%	1	1	0.00%	0	0	100.00%	2	2	100.00
Newaygo	100.00%	4	4	100.00%	6	6	100.00%	10	10	100.00%	6	6	100.00
North Country	100.00%	3	3	100.00%	2	2	100.00%	2	2	100.00%	2	2	100.00
Northwest	100.00%	15	15	88.89%	9	8	85.00%	20	17	100.00%	12	12	92.86
NorthernLakes	100.00%	5	5	100.00%	3	3	100.00%	1	1	100.00%	5	5	100.00
Northpointe	100.00%	26	26	89.47%	19	17	96.00%	25	24	95.35%	43	41	95.58
Oakland	100.00%	6	6	100.00%	16	16	100.00%	9	9	100.00%	12	12	100.00
Ottawa	100.00%	5	5	100.00%	4	4	100.00%	9	9	100.00%	5	5	100.00
Pathways	100.00%	2	2	100.00%	9	9	100.00%	4	4	100.00%	3	3	100.00
Pines	100.00%	6	6	95.00%	20	19	100.00%	11	11	100.00%	21	21	98.28
Saginaw	100.00%	3	3	100.00%	3	3	100.00%	7	7	100.00%	7	7	100.00
Sanilac	100.00%	1	1	100.00%	4	4	100.00%	8	8	75.00%	4	3	94.12
Shawwassee	100.00%	12	12	100.00%	9	9	100.00%	15	15	100.00%	15	15	100.00
St. Clair	100.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00
St. Joseph	100.00%	1	1	100.00%	5	5	100.00%	8	8	100.00%	11	11	100.00
Summit Pointe	100.00%	2	2	66.67%	0	0	66.67%	9	6	100.00%	5	5	81.25
Tuscola	100.00%	6	6	100.00%	7	7	100.00%	5	5	100.00%	2	2	100.00
Van Buren	100.00%	8	8	100.00%	11	11	100.00%	5	5	88.89%	9	8	96.97
Washtenaw	100.00%	5	5	100.00%	2	2	0.00%	1	0	0.00%	1	1	88.89
West Michigan	100.00%	1	1	100.00%	5	5	100.00%	2	2	100.00%	6	6	100.00
Woodlands	98.69%	306	302	97.01%	334	324	93.02%	344	320	97.26%	365	355	97.26

Percentage of DD Adults Who Received a Face-to-Face Meeting with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service

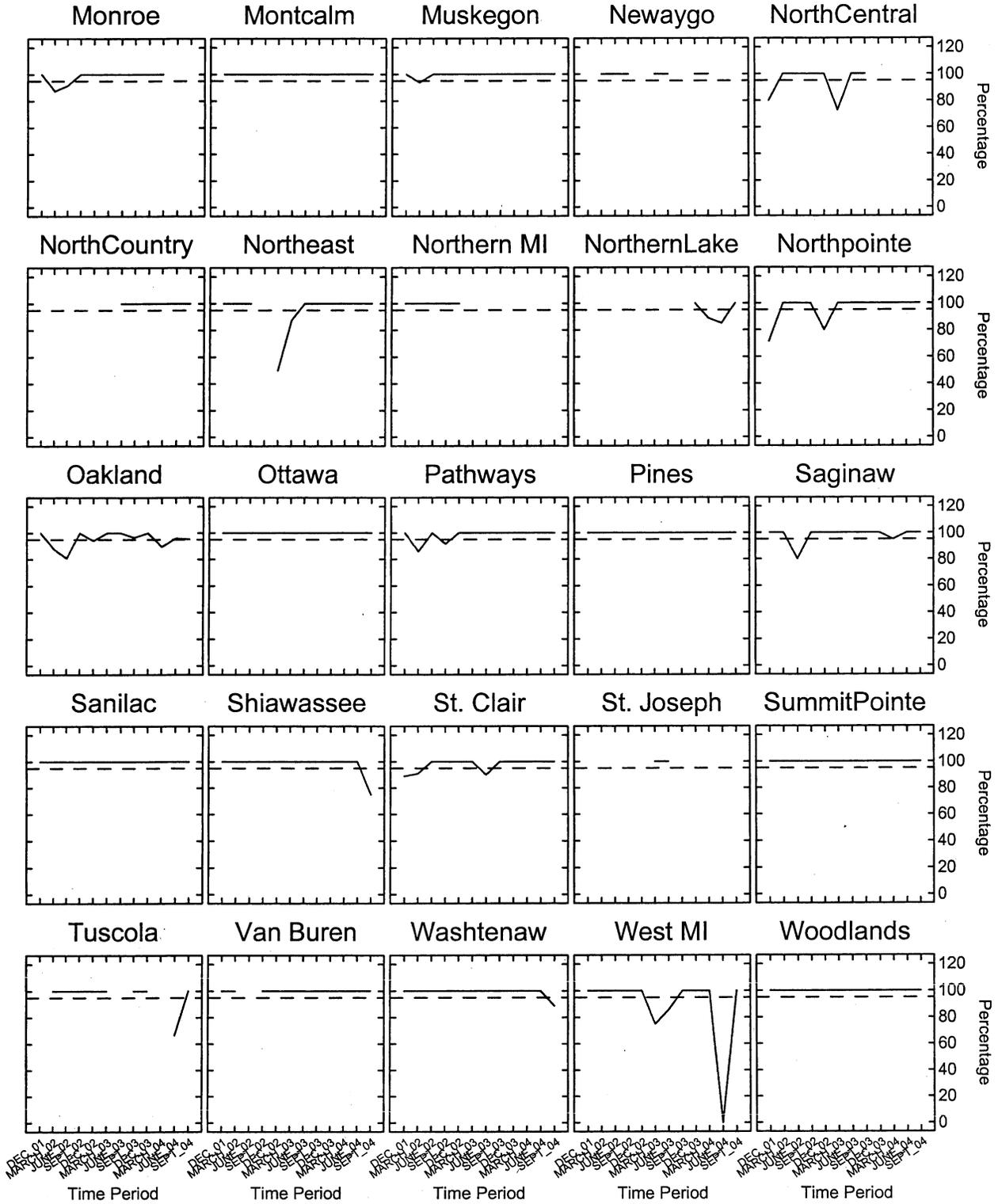


Indicator No. 2d



Indicator No. 2d - Page Two

CMHSP



Indicator 3. Access: Timeliness – Percentage of persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional. The standard is 95 percent within 14 days.

Rationale for Use: The amount of time between professional assessment and the delivery of needed treatments and supports addresses a somewhat different aspect of access to care than Indicator 2. Delay in the delivery of needed services and supports may lead to exacerbation of symptoms and distress and poorer role functioning.

Definitions:

Assessment means face-to-face assessment with a professional that results in a decision whether to provide ongoing CMHSP service.

Days are calendar days.

Non-emergent assessment and services **exclude** pre-admission screening for and receipt of psychiatric in-patient care.

Ongoing service means any recommended CMHSP service, including case management, respite care, etc. For purposes of this data collection, the assessment session shall not be considered the start of ongoing service. However, another service delivered by a different person (e.g., psychiatric service) on the same day may be considered ongoing service.

Method of Calculation:

Numerator: The number of persons starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional.

Denominator: Consumers for which the start of non-emergent on-going service took place during the time period. Consumers who request ongoing services outside the 14-day period or do not show for an appointment may be excluded from the count.

Note: If more than a single assessment is performed, the time calculation should be based on the first.

Annual Percentage Calculation:

The annual percentage for this indicator is derived from the weighted quarterly percentage, which is the quarterly percentage times the quarterly total number of consumers for this indicator.

Numerator: Sum of the weighted quarterly percentages.

Denominator: Sum of the total number of consumers for this indicator across quarters.

Indicator 3. – Continued...

Descriptive Statistics:

	DEC_03	MARCH_04	JUNE_04	SEPT_04	Average Annual
N of cases	46	46	46	46	46
Minimum	39.830	31.880	38.070	61.330	61.38
Maximum	100.000	100.000	100.000	100.000	100.00
Median	97.350	97.220	96.460	97.635	97.03
Mean	93.476	93.129	93.649	96.040	94.06

Comments:

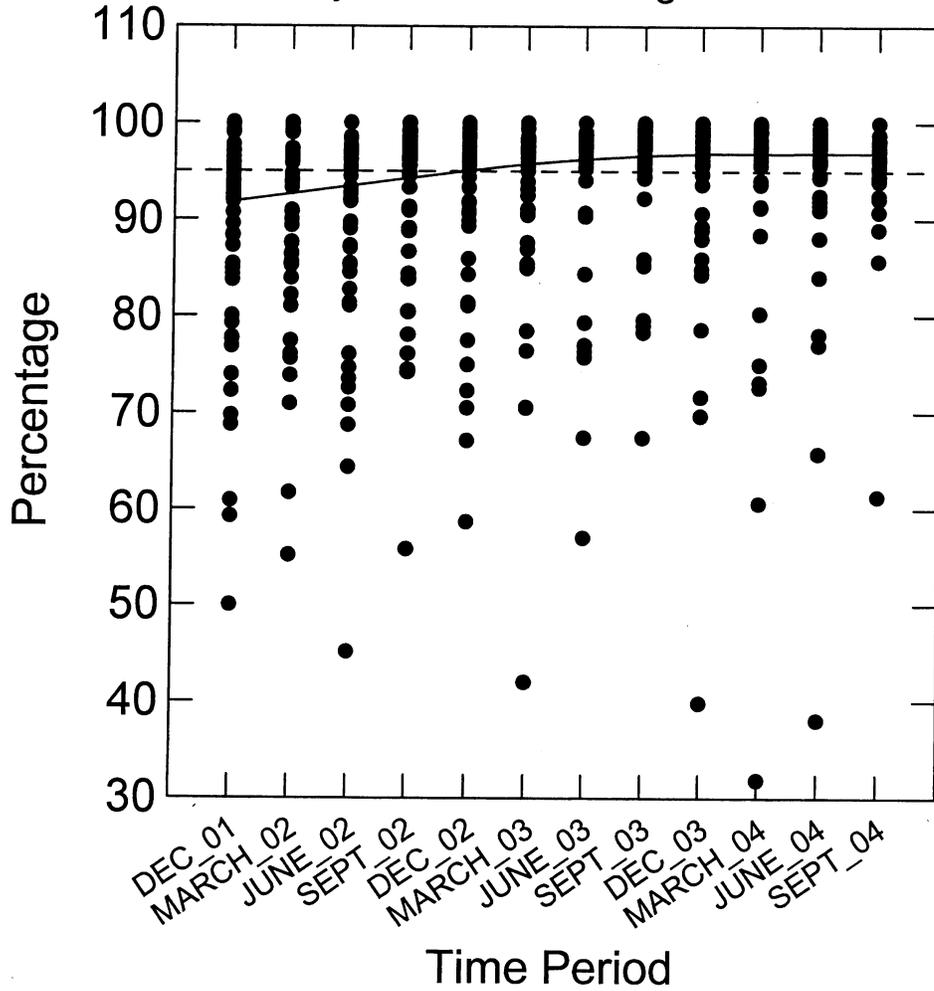
Historical trends: This indicator has been in place since FY '02. The lowest smooth line of the longitudinal scatter plot shows a trend beginning slightly below the 95 percent standard and increasing slightly above the standard. The scatterplot also shows a decrease in the variation or spread among the CMHSPs since FY '02.

2004 CMHSP Performance: As shown in the ordered dot plot for FY '04, 14 of the 46 CMHSPs did not meet the 95 percent standard. The CMHSPs failing to meet the standard are: Pines (61.38%), Berrien (70.73%), Allegan (77.40%), Genesee (81.95%), Kalamazoo (83.24%), North Country (85.01%), Ionia (88.48%), Tuscola (88.51%), Kent (89.49%), Saginaw (92.31%), Lifeways (92.60%), Macomb (93.93%), Pathways (94.13%), and Huron (94.14%).

The median annual percentage for this indicator is 97 percent and the average (mean) annual percentage is lower at 94.1 percent due to several CMHSP at the lower end of the percentages. Based on the box plot for FY2004, three CMHSPs were outliers toward the low end on this indicator (North Country, Kalamazoo, and Genesee) and three CMHSPs were extreme outliers (Allegan, Berrien and Pines).

It should be noted that North Country and Kalamazoo did meet the 95 percent standard in the last quarter of FY '04. Also, the percentage for Pines CMHSP improved from 39.83% for the first quarter to 94.12% for the final quarter.

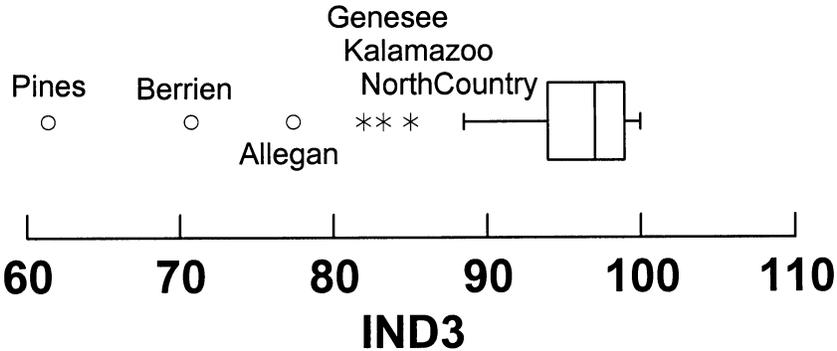
Indicator No. 3 - % of Persons Starting Needed On-going Service Within 14 Days of a Non-Emergent Assessment



Indicator 3: Percentage of Persons Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional

	October - December 2003			January - March 2004			April - June 2004			July - September 2004			Fiscal Year Percentage	
	Percentage Q1	Total Starting Ongoing Service Q1	Total Starting Ongoing Service within 14 Calendar Days Q1	Percentage Q2	Total Starting Ongoing Service Q2	Total Starting Ongoing Service within 14 Calendar Days Q2	Percentage Q3	Total Starting Ongoing Service Q3	Total Starting Ongoing Service within 14 Calendar Days Q3	Percentage Q4	Total Starting Ongoing Service Q4	Total Starting Ongoing Service within 14 Calendar Days Q4		
Allagash	71.67%	60	43	60.61%	66	40	78.08%	73	57	92.47%	93	86	77.40	
AuSable	99.55%	224	223	100.00%	216	216	99.50%	201	200	100.00%	233	233	99.77	
Bary	98.29%	117	115	91.38%	116	106	94.50%	109	103	98.85%	87	86	95.57	
Bay-Arenac	99.22%	257	255	99.62%	260	259	99.25%	265	263	100.00%	215	215	99.50	
Berrien	88.00%	200	176	88.00%	204	195	96.59%	218	83	61.33%	150	92	70.73	
CEI	98.67%	225	222	98.64%	260	251	96.54%	231	227	97.40%	192	187	97.69	
CMH Central MI	95.58%	385	368	95.58%	410	394	96.05%	329	316	95.50%	422	403	95.80	
Cooper	97.37%	38	37	97.37%	43	42	100.00%	46	46	100.00%	36	34	97.55	
Detroit-Wayne	97.55%	1,470	1,434	97.54%	1,360	1,332	97.72%	1,483	1,459	97.05%	1,084	1,052	97.60	
Genesee	78.64%	398	313	78.64%	410	300	73.17%	651	547	84.02%	508	452	81.95	
Googebic	97.37%	38	37	97.37%	45	44	100.00%	55	55	100.00%	52	52	98.95	
Grafton	98.04%	51	50	98.04%	42	42	100.00%	60	60	100.00%	61	61	99.53	
Hiawatha	100.00%	102	102	100.00%	94	93	100.00%	98	98	100.00%	138	135	99.07	
Huron	88.89%	63	56	88.89%	59	58	97.96%	49	48	92.16%	51	47	94.14	
Ionia	100.00%	66	66	100.00%	84	84	65.79%	114	75	97.83%	92	90	88.48	
Kalamazoo	69.70%	99	69	75.00%	80	60	92.39%	85	92	85.55%	87	84	83.24	
Kent	85.92%	689	592	85.92%	756	708	91.94%	732	673	85.71%	658	564	89.49	
Lapeer	100.00%	78	76	100.00%	55	55	91.94%	62	57	100.00%	60	60	98.02	
Lenawee	99.22%	128	127	99.22%	128	127	100.00%	144	144	100.00%	168	166	99.30	
Lifeways	84.86%	403	342	84.86%	519	499	95.86%	290	278	94.20%	207	195	92.60	
Livingston	100.00%	76	76	100.00%	95	92	96.84%	89	84	97.18%	71	69	96.98	
Macomb	94.69%	339	321	94.69%	337	317	92.49%	386	357	94.59%	388	367	93.93	
Manistee-Benzie	100.00%	87	86	100.00%	73	73	100.00%	58	58	100.00%	49	49	100.00	
Monroe	98.85%	87	86	100.00%	80	80	99.07%	107	106	100.00%	71	71	99.42	
Montcalm	100.00%	97	97	100.00%	94	90	100.00%	162	162	100.00%	145	145	99.20	
Muskegon	95.69%	232	222	95.69%	252	230	96.62%	207	200	98.27%	231	227	95.34	
Newaygo	96.77%	93	90	96.77%	107	103	96.30%	108	104	98.10%	105	103	96.85	
North Country	84.29%	210	177	84.29%	234	170	88.07%	218	192	96.23%	212	204	85.01	
Northwest	96.94%	98	95	97.22%	108	105	98.99%	99	98	100.00%	84	84	98.20	
NorthLakes	97.47%	395	385	97.47%	324	315	97.83%	369	361	95.29%	297	283	97.04	
Northpointe	98.04%	102	100	93.67%	79	74	97.30%	74	72	98.23%	113	111	97.01	
Oakland	96.62%	385	372	96.62%	439	438	95.93%	491	471	98.02%	504	494	97.58	
Ottawa	98.80%	167	165	98.25%	171	168	96.13%	155	149	97.83%	138	135	97.78	
Pathways	90.63%	160	145	97.42%	155	151	94.74%	114	108	93.97%	116	109	94.13	
Pines	39.83%	118	47	31.88%	138	44	77.01%	174	134	94.12%	119	112	61.38	
Saginaw	93.65%	63	59	88.41%	69	61	95.70%	93	89	90.80%	87	79	92.31	
Sanilac	100.00%	51	51	100.00%	52	52	97.92%	48	47	100.00%	63	63	99.53	
Shawassee	100.00%	74	74	96.03%	126	121	97.67%	86	84	98.11%	106	104	97.70	
St. Clair	95.74%	141	135	99.24%	131	130	91.49%	141	129	98.39%	124	122	96.09	
St. Joseph	97.33%	75	73	96.88%	98	93	100.00%	62	62	95.08%	61	58	97.28	
Summit Pointe	96.12%	103	99	97.10%	138	134	96.88%	96	93	97.08%	137	133	96.84	
Tuscola	89.29%	56	50	80.26%	76	61	91.03%	78	71	96.08%	51	49	88.51	
Van Buren	100.00%	183	183	100.00%	164	164	100.00%	132	144	98.84%	173	171	99.69	
Washtenaw	100.00%	116	116	99.29%	140	139	98.63%	146	144	98.74%	159	157	99.11	
West Michigan	94.78%	115	109	97.66%	128	125	96.30%	135	130	96.35%	137	132	96.31	
Woodlands	95.83%	96	92	99.12%	114	113	96.04%	101	97	97.44%	117	114	97.20	
Total	93.18%	8,785	8,186	93.66%	9,127	8,548	93.15%	9,241	8,608	95.11%	8,452	8,039	97.20	

Indicator No. 3



IND3	
N of cases	46
Minimum	61.380
Maximum	100.000
Sum	4326.800
Median	97.025
Mean	94.061
Standard Dev	7.969

Stem and Leaf Plot of variable:

IND3, N = 46

Minimum: 61.380
 Lower hinge: 93.930
 Median: 97.025
 Upper hinge: 98.950
 Maximum: 100.000

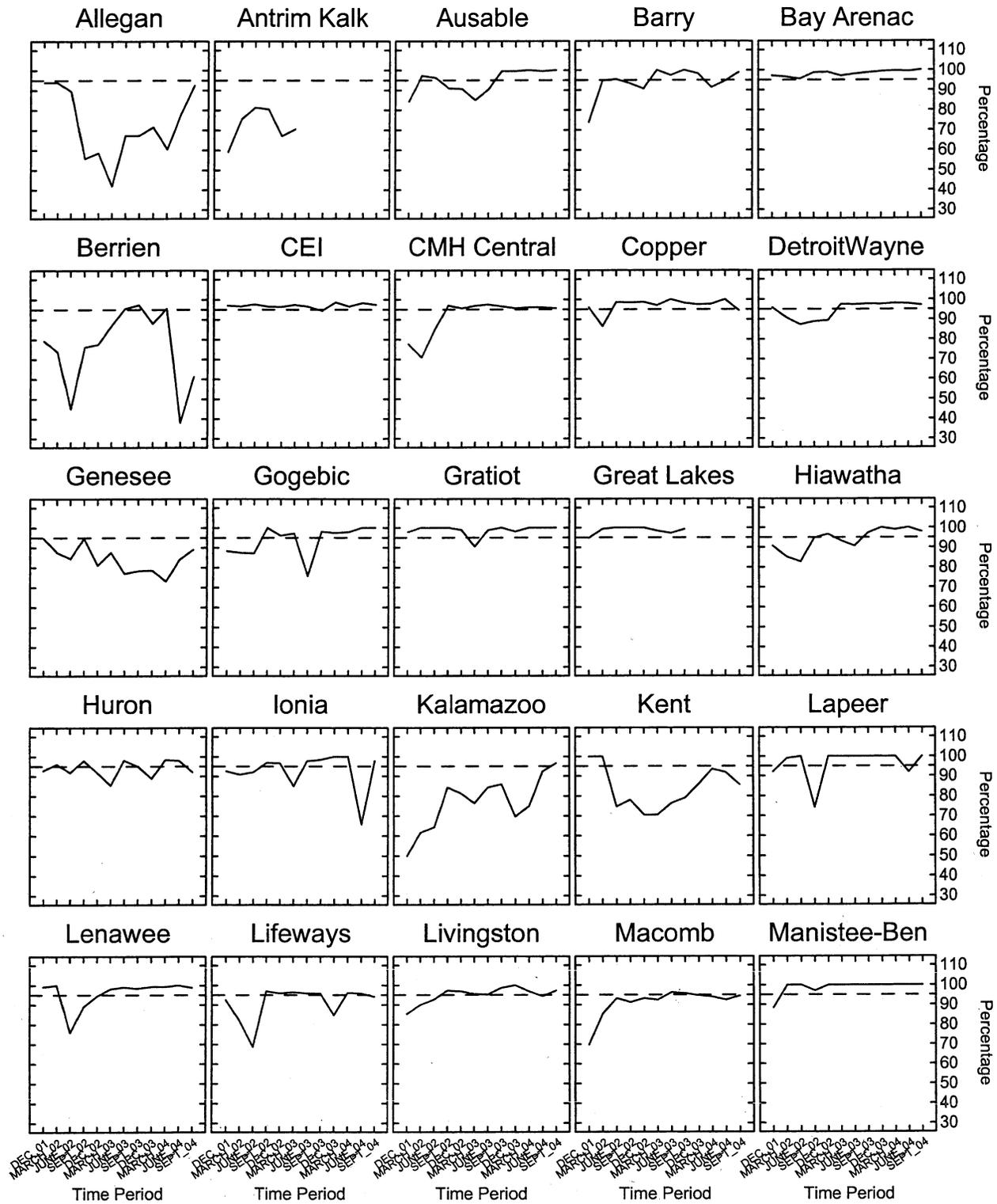
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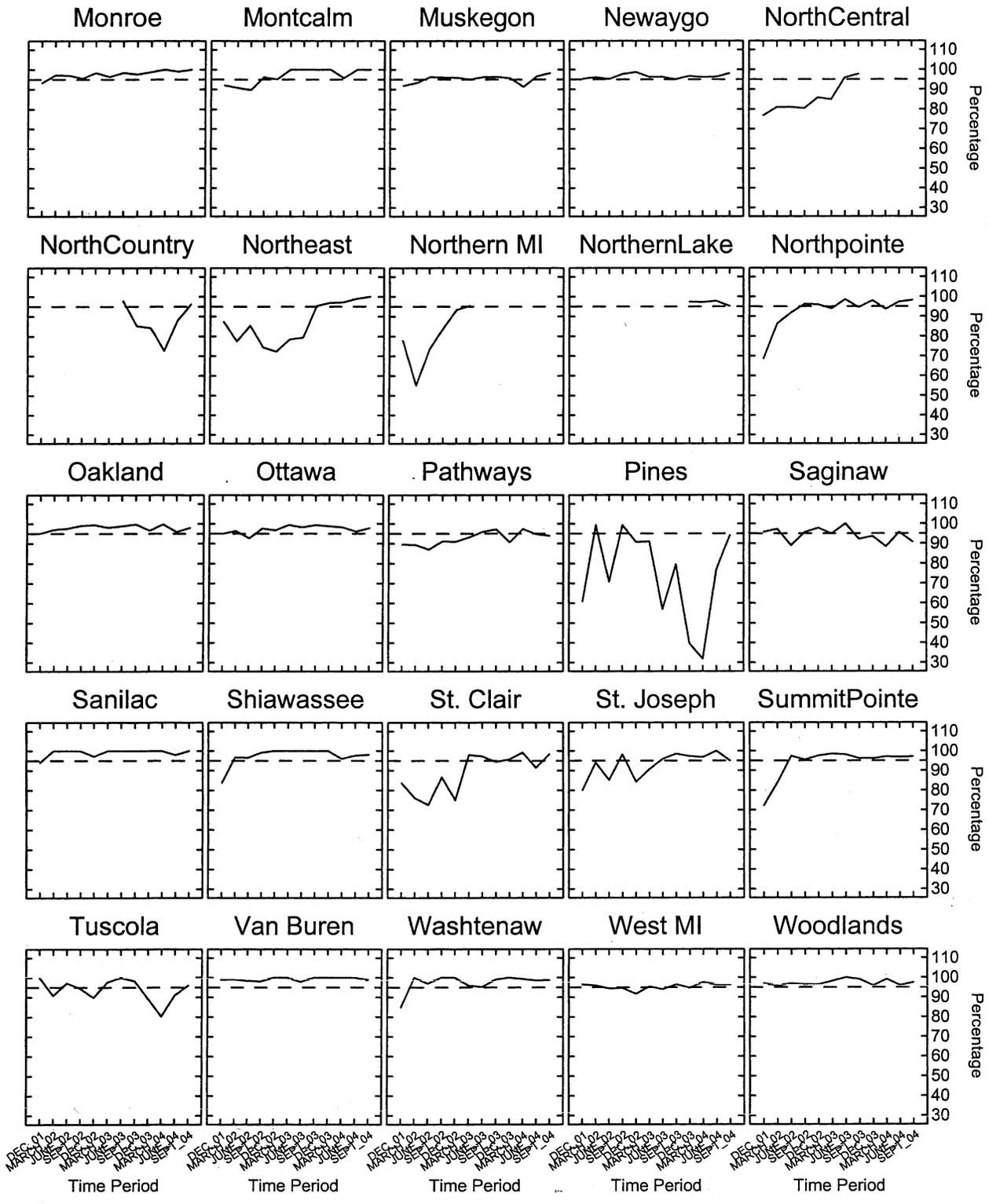
Indicator No. 3 - % of Persons Starting Needed On-going Service Within 14 Days of a Non-Emergent Assessment

CMHSP



Indicator No. 3 - Page Two

CMHSP



Indicator 3a. Access: Timeliness – Percentage of children with emotional disturbances starting any needed on-going service within 14 days of a non-emergent assessment with a professional. The standard is 95 percent within 14 days.

Rationale for Use:

The amount of time between professional assessment and the delivery of needed treatments and supports addresses a somewhat different aspect of access to care than Indicator 2. Delay in the delivery of needed services and supports may lead to exacerbation of symptoms and distress and poorer role functioning.

Definitions:

Assessment means face-to-face assessment with a professional that results in a decision whether to provide ongoing CMHSP service.

Days are calendar days.

Non-emergent assessment and services **exclude** pre-admission screening for and receipt of psychiatric in-patient care.

Ongoing service means any recommended CMHSP service, including case management, respite care, etc. For purposes of this data collection, the assessment session shall not be considered the start of ongoing service. However, another service delivered by a different person (e.g., psychiatric service) on the same day may be considered ongoing service.

Method of Calculation:

Numerator: The number of children with an emotional disturbance starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional.

Denominator: The number of children with an emotional disturbance for which the start of non-emergent on-going service took place during the time period. Consumers who request ongoing services outside the 14-day period or do not show for an appointment may be excluded from the count.

Note: If more than a single assessment is performed, the time calculation should be based on the first.

Annual Percentage Calculation:

The annual percentage for this indicator is derived from the weighted quarterly percentage, which is the quarterly percentage times the quarterly total number of consumers for this indicator.

Numerator: Sum of the weighted quarterly percentages.

Denominator: Sum of the total number of consumers for this indicator across quarters.

Indicator 3a. – Continued...

Descriptive Statistics:

	DEC_03	MARCH_04	JUNE_04	SEPT_04	Annual Average
N of cases	46	46	46	46	46
Minimum	52.780	21.210	27.030	50.000	57.64
Maximum	100.000	100.000	100.000	100.000	100.00
Median	98.055	97.425	96.870	100.000	97.47
Mean	92.824	91.172	92.256	95.035	92.64

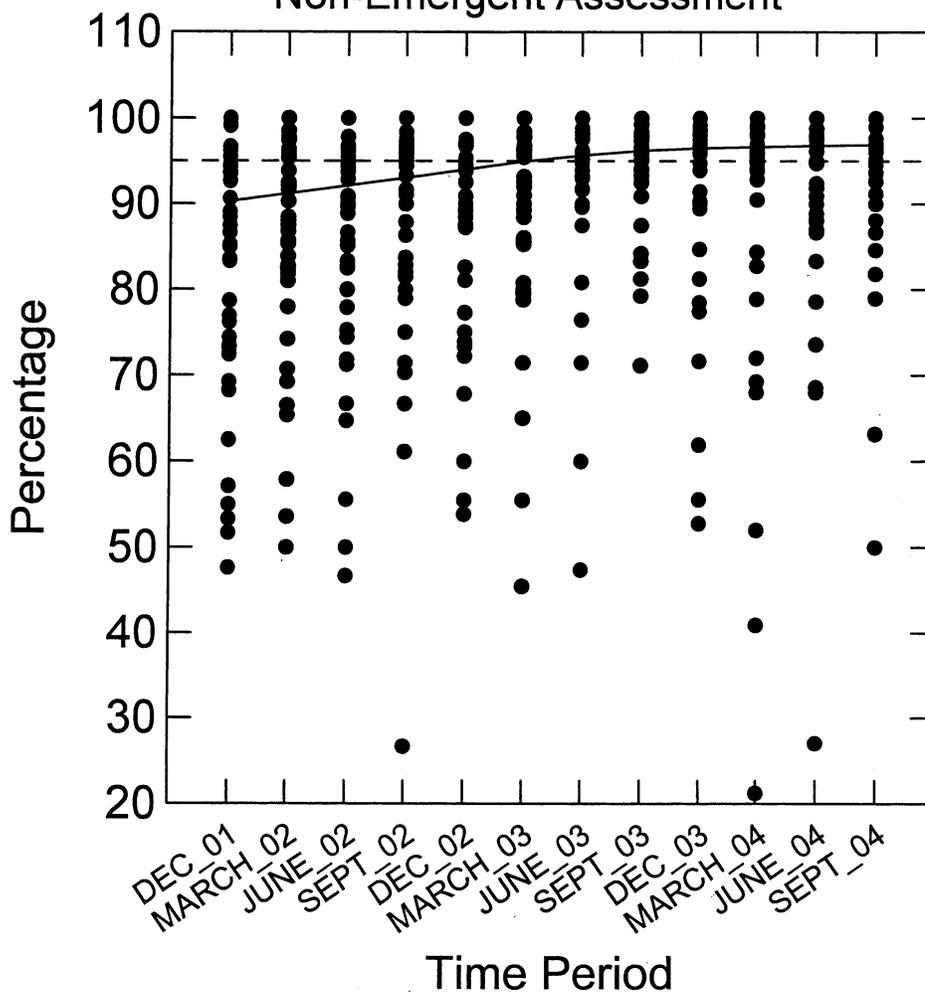
Comments:

Historical trends: This indicator has been in place since FY '02. The lowest smooth line of the longitudinal scatter plot shows a trend beginning slightly below the 95 percent standard and increasing slightly above the standard. The scatterplot also shows a decrease in the variation or spread among the CMHSPs since FY '02.

2004 CMHSP Performance: As shown in the ordered dot plot for FY '04, 15 of the 46 CMHSPs did not meet the 95 percent standard. The CMHSPs failing to meet the standard are: St. Clair (94.44%), Macomb (90.72%), Huron (90.72%), Kent (89.83%), Tuscola (89.80%), Lifeways (89.18%), Muskegon (88.66%), Ionia (88.54%), North Country (81.71%), Genesee (78.55%), Saginaw (77.59%), Kalamazoo (71.30%), Allegan (67.74%), Berrien (62.45%), and Pines (57.64%). The median annual percentage for this indicator is 97.47 percent and the average (mean) annual percentage is lower at 92.64 percent due to several CMHSP at the lower end of the percentages. Based on the box plot for FY2004, two CMHSPs were outliers toward the low end on this indicator (Kalamazoo, and Allegan) and two CMHSPs were extreme outliers (Berrien and Pines).

It should be noted that neither Pines nor Berrien met the 95 percent standard during any quarter of FY '04.

Indicator No. 3a - % of Children with Emotional Disturbance Starting Needed On-going Service Within Days of a Non-Emergent Assessment



Indicator 3a: Percentage of Children with Emotional Disturbances Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional

	October - December 2003			January - March 2004			April - June 2004			July - September 2004			Fiscal Year Percentage
	Percentage Q1	# MI Children Starting Ongoing Service Q1	# MI Children Starting Ongoing Service within 14 Calendar Days Q1	Percentage Q2	# MI Children Starting Ongoing Service Q2	# MI Children Starting Ongoing Service within 14 Calendar Days Q2	Percentage Q3	# MI Children Starting Ongoing Service Q3	# MI Children Starting Ongoing Service within 14 Calendar Days Q3	Percentage Q4	# MI Children Starting Ongoing Service Q4	# MI Children Starting Ongoing Service within 14 Calendar Days Q4	
Allegan	55.56%	18	10	40.91%	22	9	68.00%	25	17	96.43%	28	27	67.74
AuSable	98.72%	78	77	100.00%	69	69	100.00%	62	62	100.00%	59	59	98.63
Barry	100.00%	31	31	84.36%	32	27	100.00%	31	31	100.00%	22	22	95.69
Bay-Arenac	98.57%	70	69	98.86%	90	89	98.81%	84	83	100.00%	62	62	99.02
Berrien	78.46%	65	51	92.86%	70	65	27.03%	74	20	50.00%	44	22	62.45
CEI	99.15%	118	117	96.23%	159	153	97.58%	124	121	98.98%	98	97	97.80
CMH Central MI	97.46%	118	115	96.93%	163	158	94.95%	99	94	92.62%	122	113	95.62
Copper	94.74%	19	18	100.00%	13	13	100.00%	16	16	100.00%	10	10	98.28
Detroit-Wayne	98.65%	444	438	98.23%	508	499	97.96%	539	528	96.08%	434	417	97.77
Genesee	71.62%	74	53	78.87%	71	56	78.57%	98	77	86.67%	60	52	76.55
Gogebic	100.00%	12	12	100.00%	14	14	100.00%	28	28	100.00%	21	21	100.00
Graiot	95.83%	24	23	100.00%	19	19	100.00%	21	21	100.00%	17	17	98.77
Hiawatha	100.00%	39	39	100.00%	38	38	100.00%	27	27	93.62%	47	44	98.01
Huron	91.43%	35	32	95.83%	24	23	94.74%	19	18	78.95%	19	15	90.72
Ionia	100.00%	19	19	100.00%	17	17	68.57%	35	24	100.00%	25	25	88.54
Kalamazoo	61.90%	42	26	52.00%	25	13	88.00%	25	22	100.00%	16	16	71.30
Kent	84.72%	229	194	93.87%	212	199	92.39%	197	182	88.07%	109	96	89.83
Lapeer	100.00%	18	18	100.00%	9	9	86.67%	15	13	100.00%	9	9	96.08
Lenawee	96.00%	25	24	96.00%	25	24	100.00%	32	32	97.62%	42	41	97.58
Liveston	77.44%	133	103	95.56%	180	172	96.10%	77	74	84.62%	26	22	89.18
Livingston	100.00%	2	2	100.00%	24	24	96.15%	26	25	100.00%	21	21	98.63
Macomb	90.14%	71	64	94.12%	85	80	88.18%	110	97	91.18%	68	62	90.72
Manistee-Benzie	100.00%	28	28	100.00%	34	34	100.00%	24	24	100.00%	13	13	100.00
Monroe	100.00%	19	19	100.00%	13	13	100.00%	21	21	100.00%	3	3	100.00
Montcalm	100.00%	37	37	94.74%	38	36	100.00%	60	60	100.00%	53	53	98.94
Muskegon	98.11%	53	52	72.00%	50	50	90.00%	50	45	95.12%	41	39	88.66
Newaygo	96.43%	28	27	96.67%	30	29	96.77%	31	30	100.00%	36	36	97.60
North Country	81.25%	80	65	68.00%	100	68	87.06%	85	74	94.59%	74	70	81.71
Northeast	93.94%	33	31	96.00%	25	25	100.00%	29	29	100.00%	19	19	97.17
NorthernLakes	98.68%	152	150	99.17%	120	119	97.46%	118	115	95.12%	82	78	97.88
Northpoite	100.00%	28	28	90.48%	21	19	100.00%	15	15	100.00%	21	21	97.65
Oakland	100.00%	61	61	100.00%	82	82	100.00%	69	69	100.00%	83	83	100.00
Ottawa	98.00%	50	49	95.24%	42	40	96.97%	33	32	100.00%	26	26	97.35
Pathways	90.32%	31	28	100.00%	34	34	100.00%	34	34	96.97%	33	32	96.97
Pines	52.78%	36	19	21.21%	33	7	73.58%	53	39	81.82%	22	18	57.64
Saginaw	100.00%	14	14	69.23%	13	9	83.33%	12	10	63.16%	19	12	71.59
Sanilac	100.00%	17	17	100.00%	12	12	100.00%	13	13	100.00%	10	10	100.00
Shiawassee	100.00%	12	12	100.00%	38	38	90.91%	22	22	100.00%	26	26	97.96
St. Clair	96.97%	33	32	100.00%	32	32	83.33%	36	30	100.00%	25	25	94.44
St. Joseph	100.00%	17	17	95.83%	24	23	100.00%	14	14	90.00%	10	9	96.92
Summit Pointe	96.67%	30	29	100.00%	38	38	95.00%	20	20	100.00%	29	29	98.29
Tuscola	90.00%	20	18	82.76%	29	24	88.89%	27	24	100.00%	22	22	89.80
Van Buren	100.00%	42	42	100.00%	39	39	100.00%	34	34	100.00%	28	28	100.00
Washtenaw	100.00%	48	48	100.00%	66	66	98.72%	78	77	100.00%	73	73	99.62
West Michigan	89.47%	38	34	97.92%	48	47	91.89%	37	34	100.00%	37	37	95.00
Woodlands	96.86%	32	31	100.00%	37	37	96.15%	26	25	100.00%	29	29	98.39
	92.38%	2,623	2,423	93.34%	2,867	2,676	92.38%	2,705	2,499	94.85%	2,173	2,061	

Percentage of Children with Emotional Disturbances Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment with a Professional

